

## Alluma™ Care Formulary - July to September 2024

This document provides an alphabetical listing of medications covered on the Alluma™ Care Formulary. Inclusion on this list does not guarantee coverage. Individual plans may vary and medications that do not appear on this abbreviated list may be covered. Agents listed are primarily oral, self-injected, inhaled or topical pharmaceutical formulations. Medications requiring provider administration are generally covered under the medical benefit and may not appear on this list.

**PLEASE NOTE:** Certain specialty medications may only be available through your plan's preferred specialty pharmacy. Some medications may be subject to the Affordable Care Act (ACA) provisions or your plan's preventive benefit and covered by your plan at 100%. Individual plans may vary. For questions regarding plan-specific restrictions, coverage criteria, cost sharing information, or information about drugs that do not appear on this abbreviated list, please log into your member portal and use the "Price a Medication" feature or call the phone number printed on your member ID card.

Each medication may have specific coverage requirements not reflected in this document. The key below explains common coverage indicators present on this file. Medications shown in *lower-case* are generically available and typically covered at the lowest member cost share.

**T1:** Tier 1 Medication: typically generics or medications available at lowest member cost share.

**T2:** Tier 2 Medication: typically preferred or formulary brand medications.

**T3:** Tier 3 Medication: typically non-preferred or non-formulary medications.

**EXC:** Excluded Medication

**BP:** Brand Penalty: Member may be responsible for the cost difference between brand and generic.

**LA:** Limited Availability: This medication may only be available through Mayo Clinic Specialty Pharmacy. For more information, please call Mayo Clinic Specialty Pharmacy at 800-337-3736.

**MM:** Maintenance medications: Medications commonly used to treat long-term or chronic conditions such as diabetes, cholesterol, blood pressure, etc. Some plans may limit coverage of these medications to the plan's preferred pharmacy.

**PA:** Prior Authorization: Medication requires prior authorization to confirm medical necessity prior to coverage.

**QL:** Quantity Limit: For certain medications, the formulary limits the amount of the medication that will be covered.

**SP:** Specialty Medication: This medication may only be available at the plan's preferred specialty pharmacy.

**ST:** Step Therapy: In some cases, the formulary requires that you first try one or more medications before another medication will be covered. This is generally reviewed as part of the prior authorization process.

| Drug Name                                                        | Drug Tier | Requirements/ Limits                                         |
|------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| 2TEK GLUCOSE/BLOOD PRESSURE KIT                                  | EXC       | MM                                                           |
| <i>abacavir oral solution</i>                                    | T1        | MM                                                           |
| <i>abacavir oral tablet</i>                                      | T1        | MM                                                           |
| <i>abacavir-lamivudine oral tablet</i>                           | T1        | MM                                                           |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP | EXC       | MM; Preferred Alternatives (aripiprazole)                    |
| ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD   | EXC       | Preferred Alternatives (aripiprazole)                        |
| ABILIFY ORAL TABLET                                              | T2        | BP; MM                                                       |
| <i>abiraterone oral tablet 250 mg</i>                            | T1        | PA; SP; MM; QL; LA                                           |
| <i>abiraterone oral tablet 500 mg</i>                            | EXC       | SP; MM; QL; LA; Preferred Alternatives (abiraterone acetate) |
| ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT                   | EXC       | SP; MM                                                       |
| ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT                            | EXC       | SP; MM                                                       |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN                            | T2        |                                                              |
| ABSORICA LD ORAL CAPSULE                                         | T3        |                                                              |
| <i>acamprosate oral tablet, delayed release (drlec)</i>          | T1        | MM                                                           |

| Drug Name                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|----------------------|
| ACANYA TOPICAL GEL WITH PUMP                      | T3        | BP                   |
| <i>acarbose oral tablet</i>                       | T1        | MM                   |
| ACCOLATE ORAL TABLET                              | T3        | BP; MM               |
| ACCU-CHEK AVIVA PLUS TEST STRIP STRIP             | T2        | MM                   |
| ACCU-CHEK GUIDE GLUCOSE METER                     | T2        | MM; QL               |
| ACCU-CHEK GUIDE ME GLUCOSE MTR                    | T2        | MM; QL               |
| ACCU-CHEK GUIDE TEST STRIPS STRIP                 | T2        | MM                   |
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP              | T2        | MM                   |
| ACCUPRIL ORAL TABLET                              | T2        | BP; MM               |
| ACCURETIC ORAL TABLET                             | T2        | BP; MM               |
| <i>accutane oral capsule</i>                      | T1        |                      |
| ACCU-TREND GLUCOSE TEST STRIPS STRIP              | T2        | MM                   |
| ACE AEROSOL CLOUD ENHANCER SPACER                 | EXC       |                      |
| <i>acebutolol oral capsule</i>                    | T1        | MM                   |
| <i>acetaminophen-caff-dihydrocod oral capsule</i> | T3        | PA; QL               |

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| Drug Name                                                 | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|----------------------|
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | T1        | PA; QL               |
| <i>acetaminophen-codeine oral tablet</i>                  | T1        | PA; QL               |
| <i>acetazolamide oral capsule, extended release</i>       | T1        | MM                   |
| <i>acetazolamide oral tablet</i>                          | T1        | MM                   |
| <i>acetic acid irrigation solution</i>                    | T2        |                      |
| <i>acetic acid otic (ear) solution</i>                    | T1        |                      |
| <i>acetylcysteine solution</i>                            | T1        |                      |
| ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC)              | T3        | BP; MM               |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>       | T1        | MM                   |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR                  | T2        | PA; SP; MM; QL; LA   |
| ACTEMRA SUBCUTANEOUS SYRINGE                              | T2        | PA; SP; MM; QL; LA   |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN                      | T2        |                      |
| ACTICLATE ORAL TABLET                                     | EXC       | BP                   |
| ACTIMMUNE SUBCUTANEOUS SOLUTION                           | T2        | PA; SP; MM; QL       |
| ACTIVELLA ORAL TABLET                                     | T2        | BP; MM               |
| ACTONEL ORAL TABLET 150 MG, 35 MG                         | T2        | BP; MM               |

| Drug Name                                                 | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|----------------------|
| ACTOPLUS MET ORAL TABLET 15-850 MG                        | T2        | BP; MM               |
| ACTOS ORAL TABLET                                         | T2        | BP; MM               |
| ACULAR LS OPHTHALMIC (EYE) DROPS                          | T2        | BP                   |
| ACULAR OPHTHALMIC (EYE) DROPS                             | T2        | BP                   |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE                 | T3        |                      |
| <i>acyclovir oral capsule</i>                             | T1        | MM                   |
| <i>acyclovir oral suspension 200 mg/5 ml</i>              | T1        | MM                   |
| <i>acyclovir oral tablet</i>                              | T1        | MM                   |
| <i>acyclovir topical cream</i>                            | EXC       |                      |
| <i>acyclovir topical ointment</i>                         | T1        |                      |
| ACZONE TOPICAL GEL                                        | T3        | BP                   |
| ACZONE TOPICAL GEL WITH PUMP                              | T3        | BP                   |
| ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SUSPENSION | T2        |                      |
| ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SYRINGE    | T2        |                      |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT             | EXC       | SP; MM; LA           |

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| Drug Name                                          | Drug Tier | Requirements/<br>Limits                                                                                                                                   |
|----------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADALIMUMAB-AATY<br>SUBCUTANEOUS AUTO-INJECTOR, KIT | EXC       | SP; MM; LA                                                                                                                                                |
| ADALIMUMAB-AATY<br>SUBCUTANEOUS SYRINGE KIT        | EXC       | SP; MM; LA                                                                                                                                                |
| ADALIMUMAB-ADAZ<br>SUBCUTANEOUS PEN INJECTOR       | T2        | ST; SP; MM; QL; LA                                                                                                                                        |
| ADALIMUMAB-ADAZ<br>SUBCUTANEOUS SYRINGE            | T2        | ST; SP; MM; QL; LA                                                                                                                                        |
| ADALIMUMAB-ADBMS<br>SUBCUTANEOUS PEN INJECTOR KIT  | EXC       | SP; MM; LA; Preferred Alternatives (HUMIRA, ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADAZ(CF), HADLIMA, HADLIMA PUSHTOUCH, HADLIMA(CF), HADLIMA(CF) PUSHTOUCH) |
| ADALIMUMAB-ADBMS<br>SUBCUTANEOUS SYRINGE KIT       | EXC       | SP; MM; LA; Preferred Alternatives (HUMIRA, ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADAZ(CF), HADLIMA, HADLIMA PUSHTOUCH, HADLIMA(CF), HADLIMA(CF) PUSHTOUCH) |

| Drug Name                                                | Drug Tier | Requirements/<br>Limits                                                                                                                                   |
|----------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADALIMUMAB-ADBMS<br>CROHNS SUBCUTANEOUS PEN INJECTOR KIT | EXC       | SP; MM; LA; Preferred Alternatives (HUMIRA, ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADAZ(CF), HADLIMA, HADLIMA PUSHTOUCH, HADLIMA(CF), HADLIMA(CF) PUSHTOUCH) |
| ADALIMUMAB-ADBMS<br>PS-UV SUBCUTANEOUS PEN INJECTOR KIT  | EXC       | SP; MM; LA; Preferred Alternatives (HUMIRA, ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADAZ(CF), HADLIMA, HADLIMA PUSHTOUCH, HADLIMA(CF), HADLIMA(CF) PUSHTOUCH) |
| ADALIMUMAB-FKJP<br>SUBCUTANEOUS PEN INJECTOR KIT         | EXC       | SP; MM; LA; Preferred Alternatives (HUMIRA, ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADAZ(CF), HADLIMA, HADLIMA PUSHTOUCH, HADLIMA(CF), HADLIMA(CF) PUSHTOUCH) |

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| Drug Name                                                            | Drug Tier | Requirements/<br>Limits                                                                                                                                                                            |
|----------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADALIMUMAB-FKJP<br>SUBCUTANEOUS SYRINGE KIT<br>40 MG/0.8 ML          | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| ADALIMUMAB-RYVK<br>SUBCUTANEOUS AUTO-<br>INJECTOR, KIT               | EXC       | SP; MM; LA                                                                                                                                                                                         |
| <i>adapalene topical<br/>cream</i>                                   | T1        |                                                                                                                                                                                                    |
| <i>adapalene topical<br/>gel 0.3 %</i>                               | T1        |                                                                                                                                                                                                    |
| <i>adapalene topical<br/>gel with pump</i>                           | T1        |                                                                                                                                                                                                    |
| ADAPALENE<br>TOPICAL LOTION                                          | T3        |                                                                                                                                                                                                    |
| <i>adapalene topical<br/>solution</i>                                | EXC       |                                                                                                                                                                                                    |
| <i>adapalene topical<br/>swab</i>                                    | EXC       |                                                                                                                                                                                                    |
| <i>adapalene-<br/>benzoyl peroxide<br/>topical gel with<br/>pump</i> | EXC       |                                                                                                                                                                                                    |
| ADASUVE<br>INHALATION<br>AEROSOL<br>POWDR BREATH<br>ACTIVATED        | T3        |                                                                                                                                                                                                    |
| ADBRY<br>SUBCUTANEOUS SYRINGE                                        | T2        | PA; SP; MM; QL                                                                                                                                                                                     |
| ADCIRCA ORAL<br>TABLET                                               | T2        | SP; BP; MM; QL                                                                                                                                                                                     |
| ADDERALL ORAL<br>TABLET                                              | T2        | BP; MM                                                                                                                                                                                             |

| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------|-----------|-------------------------|
| ADDERALL XR<br>ORAL<br>CAPSULE,EXTEN<br>DED RELEASE<br>24HR                  | T2        | BP; MM                  |
| ADDYI ORAL<br>TABLET                                                         | T2        | QL                      |
| <i>adefovir oral tablet</i>                                                  | T1        |                         |
| ADEMPAS ORAL<br>TABLET                                                       | T2        | PA; SP; MM              |
| ADIPEX-P ORAL<br>TABLET                                                      | T2        | BP                      |
| ADLARITY<br>TRANSDERMAL<br>PATCH WEEKLY                                      | T3        | PA; MM; QL              |
| ADMELOG<br>SOLOSTAR U-<br>100 INSULIN<br>SUBCUTANEOUS<br>INSULIN PEN         | T3        | PA; MM                  |
| ADMELOG U-100<br>INSULIN LISPRO<br>SUBCUTANEOUS<br>SOLUTION                  | T3        | PA; MM                  |
| ADRENALIN<br>NASAL<br>SOLUTION                                               | T2        |                         |
| <i>adthyza oral tablet<br/>120 mg, 15 mg,<br/>30 mg, 60 mg, 90<br/>mg</i>    | T3        | MM                      |
| ADTHYZA ORAL<br>TABLET 130 MG,<br>16.25 MG, 32.5<br>MG, 65 MG, 97.5<br>MG    | T3        | MM                      |
| <i>adult aspirin<br/>regimen oral<br/>tablet,delayed<br/>release (drlec)</i> | EXC       | MM                      |
| ADVAIR DISKUS<br>INHALATION<br>BLISTER WITH<br>DEVICE                        | T2        | BP; MM                  |

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| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| ADVAIR HFA<br>INHALATION HFA<br>AEROSOL<br>INHALER               | T2        | MM                      |
| ADVANCED<br>GLUC METER<br>TEST STRIP<br>STRIP                    | EXC       | PA; MM                  |
| ADVANCED<br>GLUCOSE<br>METER                                     | EXC       | MM; QL                  |
| ADVATE<br>INTRAVENOUS<br>RECON SOLN                              | T2        | SP; MM; LA              |
| ADVOCATE<br>REDI-CODE<br>PLUS                                    | EXC       | MM; QL                  |
| ADVOCATE<br>REDI-CODE<br>PLUS STRIP                              | EXC       | PA; MM                  |
| ADYNOVATE<br>INTRAVENOUS<br>SOLUTION                             | T2        | SP; MM; LA              |
| ADZENYS XR-<br>ODT ORAL<br>TABLET,DISINTE<br>G ER BIPHASE<br>24H | T3        | MM                      |
| ADZYNMA<br>INTRAVENOUS<br>KIT                                    | T2        | PA; SP; LA              |
| AEMCOLO ORAL<br>TABLET,DELAYE<br>D RELEASE<br>(DR/EC)            | T3        | QL                      |
| AEROCHAMBER<br>MINI SPACER                                       | T3        |                         |
| AEROCHAMBER<br>PLUS FLOW-VU<br>SPACER                            | T3        |                         |
| AEROCHAMBER<br>PLUS Z STAT<br>SPACER                             | T3        |                         |
| AEROTRACH<br>PLUS SPACER                                         | EXC       |                         |
| AEROVENT<br>PLUS SPACER                                          | T3        |                         |

| Drug Name                                                            | Drug Tier | Requirements/<br>Limits   |
|----------------------------------------------------------------------|-----------|---------------------------|
| AFINITOR<br>DISPERZ ORAL<br>TABLET FOR<br>SUSPENSION                 | T2        | PA; SP; BP;<br>MM; QL; LA |
| AFINITOR ORAL<br>TABLET                                              | T2        | PA; SP; BP;<br>MM; QL; LA |
| <i>afirmelle oral<br/>tablet</i>                                     | T1        | MM                        |
| AFLURIA QD<br>2023-24(3YR<br>UP)(PF)<br>INTRAMUSCULA<br>R SYRINGE    | T2        |                           |
| AFLURIA QUAD<br>2023-2024(6MO<br>UP)<br>INTRAMUSCULA<br>R SUSPENSION | T2        |                           |
| AFREZZA<br>INHALATION<br>CARTRIDGE<br>WITH INHALER                   | T3        | PA; MM                    |
| AFSTYLA<br>INTRAVENOUS<br>RECON SOLN                                 | T2        | SP; MM; LA                |
| <i>after pill oral tablet</i>                                        | T1        |                           |
| AFTERA ORAL<br>TABLET                                                | T2        | BP                        |
| AGAMATRIX<br>AMP GLUC<br>MONITOR SYS                                 | EXC       | MM; QL                    |
| AGAMATRIX<br>AMP TEST<br>STRIPS STRIP                                | EXC       | PA; MM                    |
| AGAMREE ORAL<br>SUSPENSION                                           | T3        | PA; SP; MM; QL            |
| AGRYLIN ORAL<br>CAPSULE                                              | T2        | BP; MM                    |
| AIMOVIG<br>AUTOINJECTOR<br>SUBCUTANEOU<br>S AUTO-<br>INJECTOR        | T2        | PA; MM; QL                |

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| Drug Name                                                                                                                                 | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| AIRDUO<br>DIGIHALER<br>INHALATION<br>AERO POWDR<br>BREATH ACT<br>W/SENSOR 113<br>MCG-14<br>MCG/ACTUATIO<br>N, 232-14<br>MCG/ACTUATIO<br>N | T3        | MM; QL                  |
| AIRDUO<br>RESPICLICK<br>INHALATION<br>AEROSOL<br>POWDR BREATH<br>ACTIVATED                                                                | EXC       | MM                      |
| AIRSUPRA<br>INHALATION HFA<br>AEROSOL<br>INHALER                                                                                          | T2        | PA; MM                  |
| AJOVY<br>AUTOINJECTOR<br>SUBCUTANEOU<br>S AUTO-<br>INJECTOR                                                                               | T2        | PA; MM; QL              |
| AJOVY SYRINGE<br>SUBCUTANEOU<br>S SYRINGE                                                                                                 | T2        | PA; MM; QL              |
| AKEEGA ORAL<br>TABLET                                                                                                                     | T3        | PA; SP; MM;<br>QL; LA   |
| AKLIEF TOPICAL<br>CREAM                                                                                                                   | T3        |                         |
| AKTEN (PF)<br>OPHTHALMIC<br>(EYE) GEL                                                                                                     | T2        |                         |
| AKYNZEO<br>(NETUPITANT)<br>ORAL CAPSULE                                                                                                   | T3        |                         |
| ALA-SCALP<br>TOPICAL LOTION                                                                                                               | T3        | BP                      |
| <i>albendazole oral<br/>tablet</i>                                                                                                        | T1        |                         |
| <i>albuterol sulfate<br/>inhalation hfa<br/>aerosol inhaler</i>                                                                           | T1        | MM; QL                  |

| Drug Name                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------|-----------|-------------------------|
| <i>albuterol sulfate<br/>inhalation solution<br/>for nebulization</i>   | T1        | MM                      |
| <i>albuterol sulfate<br/>oral syrup</i>                                 | T1        | MM                      |
| <i>albuterol sulfate<br/>oral tablet</i>                                | T1        | MM                      |
| <i>albuterol sulfate<br/>oral tablet<br/>extended release<br/>12 hr</i> | T1        | MM                      |
| ALCAINE<br>OPHTHALMIC<br>(EYE) DROPS                                    | EXC       | BP                      |
| <i>alclometasone<br/>topical cream</i>                                  | T3        |                         |
| <i>alclometasone<br/>topical ointment</i>                               | T3        |                         |
| ALCORTIN A<br>TOPICAL GEL                                               | EXC       |                         |
| ALCORTIN A<br>TOPICAL GEL IN<br>PACKET                                  | EXC       |                         |
| ALDACTONE<br>ORAL TABLET                                                | T2        | BP; MM                  |
| ALECENSA<br>ORAL CAPSULE                                                | T2        | PA; SP; MM;<br>QL; LA   |
| <i>alendronate oral<br/>solution</i>                                    | T2        | MM                      |
| <i>alendronate oral<br/>tablet 10 mg, 35<br/>mg, 5 mg, 70 mg</i>        | T1        | MM                      |
| <i>alfuzosin oral<br/>tablet extended<br/>release 24 hr</i>             | T3        | MM                      |
| ALINIA ORAL<br>SUSPENSION<br>FOR<br>RECONSTITUTIO<br>N                  | T2        |                         |
| ALINIA ORAL<br>TABLET                                                   | T2        | BP                      |
| <i>aliskiren oral<br/>tablet</i>                                        | T1        | MM                      |
| ALKERAN ORAL<br>TABLET                                                  | T3        | BP                      |

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| Drug Name                                                                        | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------|-----------|-------------------------|
| ALKINDI<br>SPRINKLE ORAL<br>CAPSULE,<br>SPRINKLE                                 | T3        | PA; MM                  |
| <i>allopurinol oral<br/>tablet 100 mg, 300<br/>mg</i>                            | T1        | MM                      |
| ALLOPURINOL<br>ORAL TABLET<br>200 MG                                             | EXC       | MM                      |
| <i>almotriptan malate<br/>oral tablet</i>                                        | T1        | ST; QL                  |
| ALOCRILOPHTHALMIC<br>(EYE) DROPS                                                 | T3        |                         |
| ALOGLIPTIN<br>ORAL TABLET                                                        | T3        | PA; MM                  |
| ALOGLIPTIN-<br>METFORMIN<br>ORAL TABLET                                          | T3        | PA; MM                  |
| ALOGLIPTIN-<br>PIOGLITAZONE<br>ORAL TABLET<br>12.5-30 MG, 25-<br>15 MG, 25-45 MG | T3        | PA; MM                  |
| ALOGLIPTIN-<br>PIOGLITAZONE<br>ORAL TABLET<br>25-30 MG                           | EXC       | PA; MM                  |
| ALOMIDE<br>OPHTHALMIC<br>(EYE) DROPS                                             | T2        |                         |
| <i>alosetron oral<br/>tablet</i>                                                 | T1        |                         |
| ALPHAGAN P<br>OPHTHALMIC<br>(EYE) DROPS                                          | T2        | BP; MM                  |
| <i>alprazolam<br/>intensol oral<br/>concentrate</i>                              | T3        |                         |
| <i>alprazolam oral<br/>tablet</i>                                                | T1        |                         |
| <i>alprazolam oral<br/>tablet extended<br/>release 24 hr</i>                     | T3        |                         |

| Drug Name                                            | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------|-----------|-------------------------|
| <i>alprazolam oral<br/>tablet, disintegrating</i>    | T3        |                         |
| ALPROLIX<br>INTRAVENOUS<br>RECON SOLN                | T2        | SP; MM; LA              |
| ALREX<br>OPHTHALMIC<br>(EYE)<br>DROPS, SUSPENSION    | T3        | BP                      |
| ALTABAX<br>TOPICAL<br>OINTMENT                       | T3        |                         |
| <i>altacaine<br/>ophthalmic (eye)<br/>drops</i>      | T1        |                         |
| ALTACE ORAL<br>CAPSULE                               | T2        | BP; MM                  |
| ALTAFLUOR<br>BENOX<br>OPHTHALMIC<br>(EYE) DROPS      | T3        | BP                      |
| <i>altavera (28) oral<br/>tablet</i>                 | T1        | MM                      |
| ALTOPREV<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR | EXC       | MM                      |
| ALTRENO<br>TOPICAL LOTION                            | T3        |                         |
| ALTUVIIIO<br>INTRAVENOUS<br>RECON SOLN               | T2        | SP; MM; LA              |
| ALUNBRIG ORAL<br>TABLET                              | T2        | PA; SP; MM;<br>QL; LA   |
| ALUNBRIG ORAL<br>TABLETS, DOSE<br>PACK               | T2        | PA; SP; LA              |
| ALVAIZ ORAL<br>TABLET                                | T3        | PA; SP; MM; QL          |
| ALVESCO<br>INHALATION HFA<br>AEROSOL<br>INHALER      | T2        | ST; MM                  |

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| Drug Name                                        | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------|-----------|-------------------------|
| <i>alvimopan oral capsule</i>                    | T1        |                         |
| <i>alyacen 1/35 (28) oral tablet</i>             | T1        | MM                      |
| <i>alyacen 7/7/7 (28) oral tablet</i>            | T1        | MM                      |
| <i>alyq oral tablet</i>                          | T2        | SP; MM; QL              |
| <i>amabelz oral tablet</i>                       | T1        | MM                      |
| <i>amantadine hcl oral capsule</i>               | T1        | MM                      |
| <i>amantadine hcl oral solution</i>              | T1        | MM                      |
| <i>amantadine hcl oral tablet</i>                | T1        | MM                      |
| AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE     | T2        | BP                      |
| AMBIEN ORAL TABLET                               | T2        | BP                      |
| <i>ambrisentan oral tablet</i>                   | T1        | PA; SP; MM              |
| <i>amcinonide topical cream</i>                  | T3        |                         |
| <i>amcinonide topical ointment</i>               | EXC       |                         |
| AMELUZ TOPICAL GEL                               | T2        | PA                      |
| <i>amethia oral tablets,dose pack,3 month</i>    | T1        | MM                      |
| <i>amethyst (28) oral tablet</i>                 | T1        | MM                      |
| AMICAR ORAL SOLUTION                             | T2        | BP                      |
| AMICAR ORAL TABLET                               | T2        | BP                      |
| <i>amiloride oral tablet</i>                     | T1        | MM                      |
| <i>amiloride-hydrochlorothiazide oral tablet</i> | T1        | MM                      |

| Drug Name                                            | Drug Tier | Requirements/<br>Limits                         |
|------------------------------------------------------|-----------|-------------------------------------------------|
| <i>aminocaproic acid oral solution</i>               | T1        |                                                 |
| <i>aminocaproic acid oral tablet</i>                 | T1        |                                                 |
| <i>amiodarone oral tablet 100 mg, 200 mg</i>         | T1        | MM                                              |
| <i>amiodarone oral tablet 400 mg</i>                 | T3        | MM                                              |
| AMITIZA ORAL CAPSULE                                 | T2        | BP; MM                                          |
| <i>amitriptyline oral tablet</i>                     | T1        | MM                                              |
| <i>amitriptyline-chlordiazepoxide oral tablet</i>    | T3        | MM                                              |
| AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR | EXC       | SP; MM; QL; LA; Preferred Alternatives (HUMIRA) |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE                    | EXC       | SP; MM; QL; LA; Preferred Alternatives (HUMIRA) |
| <i>amlodipine oral tablet</i>                        | T1        | MM                                              |
| <i>amlodipine-atorvastatin oral tablet</i>           | EXC       | MM                                              |
| <i>amlodipine-benazepril oral capsule</i>            | T1        | MM                                              |
| <i>amlodipine-olmesartan oral tablet</i>             | T3        | MM                                              |
| <i>amlodipine-valsartan oral tablet</i>              | T3        | MM                                              |
| <i>amlodipine-valsartan-hcthiiazid oral tablet</i>   | T3        | MM                                              |
| <i>amnestem oral capsule</i>                         | T1        |                                                 |

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| Drug Name                                                             | Drug Tier | Requirements/<br>Limits                                               |
|-----------------------------------------------------------------------|-----------|-----------------------------------------------------------------------|
| <i>amoxapine oral tablet</i>                                          | T3        | MM                                                                    |
| <i>amoxicil-clarithromy-lansopraz oral combo pack</i>                 | T1        |                                                                       |
| <i>amoxicillin oral capsule</i>                                       | T1        |                                                                       |
| <i>amoxicillin oral suspension for reconstitution</i>                 | T1        |                                                                       |
| <i>amoxicillin oral tablet</i>                                        | T1        |                                                                       |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>               | T1        |                                                                       |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> | T1        |                                                                       |
| <i>amoxicillin-pot clavulanate oral tablet</i>                        | T1        |                                                                       |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> | T3        |                                                                       |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i>              | T1        |                                                                       |
| <i>amphetamine sulfate oral tablet</i>                                | T3        | MM                                                                    |
| <i>ampicillin oral capsule 500 mg</i>                                 | T3        |                                                                       |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR                             | T2        | PA; SP; BP; MM; LA                                                    |
| AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR                             | EXC       | BP; Preferred Alternatives (cyclobenzaprine hcl, cyclobenzaprine hcl) |
| AMZEEQ TOPICAL FOAM                                                   | T3        | PA                                                                    |

| Drug Name                                     | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------|-----------|-------------------------|
| ANAFRANIL ORAL CAPSULE                        | T2        | BP; MM                  |
| <i>anagrelide oral capsule</i>                | T1        | MM                      |
| ANA-LEX KIT RECTAL KIT                        | T3        |                         |
| ANALPRAM-HC RECTAL CREAM 1-1 %                | EXC       |                         |
| ANALPRAM-HC RECTAL CREAM 2.5-1 %              | T2        | BP                      |
| ANALPRAM-HC SINGLES RECTAL CREAM              | T2        | BP                      |
| ANALPRAM-HC TOPICAL LOTION                    | T3        | BP                      |
| ANAPROX DS ORAL TABLET                        | T2        | BP; MM                  |
| <i>anas paz oral tablet, disintegrating</i>   | T2        | MM                      |
| <i>anastrozole oral tablet</i>                | T1        | MM                      |
| ANCOBON ORAL CAPSULE                          | T2        | PA; BP                  |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR           | T2        | MM                      |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP | T2        | BP; MM                  |
| ANDROGEL TRANSDERMAL GEL IN PACKET            | T2        | BP; MM                  |
| ANGELIQ ORAL TABLET                           | T2        | MM                      |
| ANNOVERA VAGINAL RING                         | T2        | MM; QL                  |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE  | T2        | MM                      |

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| Drug Name                                                            | Drug Tier | Requirements/<br>Limits                         |
|----------------------------------------------------------------------|-----------|-------------------------------------------------|
| ANTIVERT ORAL<br>TABLET 50 MG                                        | EXC       |                                                 |
| <i>anucort-hc rectal<br/>suppository</i>                             | T1        |                                                 |
| ANUSOL-HC<br>RECTAL<br>SUPPOSITORY                                   | T1        | BP                                              |
| ANUSOL-HC<br>TOPICAL CREAM<br>WITH PERINEAL<br>APPLICATOR            | T2        | BP                                              |
| ANZEMET ORAL<br>TABLET 50 MG                                         | T3        | PA                                              |
| <i>apexicon e topical<br/>cream</i>                                  | T3        |                                                 |
| APIDRA<br>SOLOSTAR U-<br>100 INSULIN<br>SUBCUTANEOU<br>S INSULIN PEN | T2        | PA; MM                                          |
| APIDRA U-100<br>INSULIN<br>SUBCUTANEOU<br>S SOLUTION                 | T2        | PA; MM                                          |
| APLENZIN ORAL<br>TABLET<br>EXTENDED<br>RELEASE 24 HR                 | EXC       | MM; Preferred<br>Alternatives<br>(bupropion xl) |
| APOKYN<br>SUBCUTANEOU<br>S CARTRIDGE                                 | T2        | PA; SP; MM                                      |
| <i>apomorphine<br/>subcutaneous<br/>cartridge</i>                    | T2        | PA; SP; MM                                      |
| <i>apraclonidine<br/>ophthalmic (eye)<br/>drops</i>                  | T1        |                                                 |
| <i>aprepitant oral<br/>capsule 125 mg,<br/>80 mg</i>                 | T2        | QL                                              |
| <i>aprepitant oral<br/>capsule 40 mg</i>                             | T1        | QL                                              |
| <i>aprepitant oral<br/>capsule, dose pack</i>                        | T2        | QL                                              |
| <i>apri oral tablet</i>                                              | T1        | MM                                              |

| Drug Name                                                                                                                   | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| APRISO ORAL<br>CAPSULE, EXTEN<br>DED RELEASE<br>24HR                                                                        | T2        | BP; MM                  |
| APTENSIO XR<br>ORAL CAP, ER<br>SPRINKLE, BIPHA<br>SIC 40-60                                                                 | T3        | BP; MM                  |
| APTOM ORAL<br>TABLET                                                                                                        | T2        | ST; MM; QL              |
| APTIVUS ORAL<br>CAPSULE                                                                                                     | T3        | MM                      |
| ARAKODA ORAL<br>TABLET                                                                                                      | T3        |                         |
| <i>aranelle (28) oral<br/>tablet</i>                                                                                        | T1        | MM                      |
| ARANESP (IN<br>POLYSORBATE)<br>INJECTION<br>SOLUTION 100<br>MCG/ML, 200<br>MCG/ML, 25<br>MCG/ML, 40<br>MCG/ML, 60<br>MCG/ML | T2        | SP; MM                  |
| ARANESP (IN<br>POLYSORBATE)<br>INJECTION<br>SYRINGE                                                                         | T2        | SP; MM                  |
| ARAVA ORAL<br>TABLET                                                                                                        | T2        | BP; MM                  |
| ARAZLO<br>TOPICAL LOTION                                                                                                    | T3        |                         |
| ARCALYST<br>SUBCUTANEOU<br>S RECON SOLN                                                                                     | T2        | PA; SP; MM; QL          |
| ARESTIN<br>DENTAL<br>CARTRIDGE                                                                                              | T3        | PA; SP                  |
| AREXVY (PF)<br>INTRAMUSCULA<br>R SUSPENSION<br>FOR<br>RECONSTITUTIO<br>N                                                    | T2        |                         |

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| Drug Name                                                                                         | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>arformoterol inhalation solution for nebulization</i>                                          | T2        | MM                      |
| ARICEPT ORAL TABLET 10 MG, 5 MG                                                                   | T2        | BP; MM                  |
| ARICEPT ORAL TABLET 23 MG                                                                         | T3        | BP; MM                  |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION                                                   | T2        | PA; SP; QL              |
| ARIMIDEX ORAL TABLET                                                                              | T2        | BP; MM                  |
| <i>aripiprazole oral solution</i>                                                                 | T1        | MM                      |
| <i>aripiprazole oral tablet</i>                                                                   | T1        | MM                      |
| <i>aripiprazole oral tablet, disintegrating</i>                                                   | T3        | MM                      |
| ARIXTRA SUBCUTANEOUS SYRINGE                                                                      | T2        | SP; BP                  |
| <i>armodafinil oral tablet</i>                                                                    | T3        | MM                      |
| ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION | T3        | MM; QL                  |
| ARMOUR THYROID ORAL TABLET                                                                        | T2        | MM                      |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE                                                    | T2        | MM                      |
| AROMASIN ORAL TABLET                                                                              | T2        | BP; MM                  |

| Drug Name                                                                                                                                                                            | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC                                                                                                                                  | T2        | BP; MM                  |
| ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC                                                                                                                                  | T2        | BP; MM                  |
| <i>ascomp with codeine oral capsule</i>                                                                                                                                              | T3        | PA; QL                  |
| <i>asenapine maleate sublingual tablet</i>                                                                                                                                           | T1        | MM                      |
| <i>ashlyna oral tablets, dose pack, 3 month</i>                                                                                                                                      | T1        | MM                      |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER                                                                                                                                           | T2        | MM                      |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (120), 220 MCG/ACTUATION (14), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60) | T2        | MM                      |
| <i>aspirin childrens oral tablet, chewable</i>                                                                                                                                       | T1        | MM                      |
| <i>aspirin oral tablet, chewable</i>                                                                                                                                                 | T1        | MM                      |
| <i>aspirin oral tablet, delayed release (drlec) 81 mg</i>                                                                                                                            | T1        | MM                      |

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| Drug Name                                                                           | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>                       | T1        | MM                      |
| ASPIRIN-<br>OMEPRazole<br>ORAL<br>TABLET,IR,DELA<br>YED<br>REL,BIPHASIC<br>81-40 MG | EXC       | MM                      |
| ASPRUZYO<br>SPRINKLE ORAL<br>EXTEND<br>RELEASE<br>GRANULES,PAC<br>KET               | T3        | PA; MM; QL              |
| ASSURE 4<br>STRIPS STRIP                                                            | EXC       | PA; MM                  |
| ASSURE<br>PLATINUM<br>GLUCOSE<br>METER                                              | EXC       | MM; QL                  |
| ASSURE<br>PLATINUM TEST<br>STRIP STRIP                                              | EXC       | PA; MM                  |
| ASSURE PRISM<br>MULTI METER                                                         | EXC       | MM; QL                  |
| ASSURE PRISM<br>MULTI STRIP<br>STRIP                                                | EXC       | PA; MM                  |
| ASTAGRAF XL<br>ORAL<br>CAPSULE,EXTEN<br>DED RELEASE<br>24HR                         | T2        | PA; MM                  |
| AT HOME A1C<br>DEVICE                                                               | EXC       | MM                      |
| ATACAND HCT<br>ORAL TABLET                                                          | T2        | BP; MM                  |
| ATACAND ORAL<br>TABLET                                                              | T2        | BP; MM                  |
| <i>atazanavir oral capsule</i>                                                      | T1        | MM                      |

| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| ATELVIA ORAL<br>TABLET,DELAYE<br>D RELEASE<br>(DR/EC)            | T3        | BP; MM                  |
| <i>atenolol oral tablet</i>                                      | T1        | MM                      |
| <i>atenolol-chlorthalidone oral tablet</i>                       | T1        | MM                      |
| ATIVAN ORAL<br>TABLET                                            | T2        | BP                      |
| <i>atomoxetine oral capsule</i>                                  | T1        | MM                      |
| ATORVALIQ<br>ORAL<br>SUSPENSION                                  | T3        | PA; MM; QL              |
| <i>atorvastatin oral tablet</i>                                  | T1        | MM                      |
| <i>atovaquone oral suspension</i>                                | T1        |                         |
| <i>atovaquone-proguanil oral tablet</i>                          | T1        |                         |
| ATRALIN<br>TOPICAL GEL                                           | T2        | BP                      |
| ATRIPLA ORAL<br>TABLET                                           | T3        | BP; MM                  |
| ATROPINE<br>OPHTHALMIC<br>(EYE) DROPS<br>0.01 %, 0.025 %, 0.05 % | EXC       | MM                      |
| <i>atropine ophthalmic (eye) drops 1 %</i>                       | T1        | MM                      |
| <i>atropine ophthalmic (eye) ointment</i>                        | T1        | MM                      |
| ATROPINE<br>SULFATE (PF)<br>OPHTHALMIC<br>(EYE)<br>DROPPERETTE   | T3        | MM                      |
| ATROVENT HFA<br>INHALATION HFA<br>AEROSOL<br>INHALER             | T2        | MM                      |

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| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| AUBAGIO ORAL TABLET                                              | EXC       | SP; BP; MM              |
| <i>aubra eq oral tablet</i>                                      | T1        | MM                      |
| <i>aubra oral tablet</i>                                         | T1        | MM                      |
| AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION              | T2        | BP                      |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML   | T2        |                         |
| AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR                  | T3        | BP                      |
| AUGTYRO ORAL CAPSULE                                             | T2        | PA; SP; MM; QL; LA      |
| <i>aurovela 1.5/30 (21) oral tablet</i>                          | T1        | MM                      |
| <i>aurovela 1/20 (21) oral tablet</i>                            | T1        | MM                      |
| <i>aurovela 24 fe oral tablet</i>                                | T1        | MM                      |
| <i>aurovela fe 1.5/30 (28) oral tablet</i>                       | T1        | MM                      |
| <i>aurovela fe 1-20 (28) oral tablet</i>                         | T1        | MM                      |
| AURYXIA ORAL TABLET                                              | T2        | PA; MM; QL              |
| AUSTEDO ORAL TABLET                                              | T2        | PA; SP; MM              |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG | T2        | PA; SP; MM              |

| Drug Name                                                          | Drug Tier | Requirements/<br>Limits                  |
|--------------------------------------------------------------------|-----------|------------------------------------------|
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK | T2        | PA; SP; QL                               |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC                          | T3        | PA; MM                                   |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML                       | T2        | QL                                       |
| AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML      | T2        | QL; Preferred Alternatives (epinephrine) |
| AVALIDE ORAL TABLET                                                | T3        | BP; MM                                   |
| AVAPRO ORAL TABLET                                                 | T3        | BP; MM                                   |
| AVAR LS TOPICAL CLEANSER                                           | T3        |                                          |
| <i>avar topical cleanser</i>                                       | T1        |                                          |
| AVAR-E GREEN TOPICAL CREAM                                         | T3        |                                          |
| AVAR-E LS TOPICAL CREAM                                            | EXC       |                                          |
| <i>aviane oral tablet</i>                                          | T1        | MM                                       |
| AVIDOXY DK KIT                                                     | EXC       |                                          |
| <i>avidoxy oral tablet</i>                                         | T1        |                                          |
| AVODART ORAL CAPSULE                                               | T2        | BP; MM                                   |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT                              | T2        | PA; SP; MM; LA                           |
| AVONEX INTRAMUSCULAR SYRINGE KIT                                   | T2        | PA; SP; MM; LA                           |
| <i>ayuna oral tablet</i>                                           | T1        | MM                                       |
| AYVAKIT ORAL TABLET                                                | T2        | PA; SP; MM; QL; LA                       |

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| Drug Name                                                 | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------|-----------|-------------------------|
| AZASAN ORAL TABLET                                        | T2        | BP; MM                  |
| AZASITE OPHTHALMIC (EYE) DROPS                            | T3        |                         |
| <i>azathioprine oral tablet</i>                           | T1        | MM                      |
| <i>azelaic acid topical gel</i>                           | T1        |                         |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i> | T1        | MM                      |
| <i>azelastine ophthalmic (eye) drops</i>                  | T3        |                         |
| <i>azelastine-fluticasone nasal spray,non-aerosol</i>     | EXC       |                         |
| AZELEX TOPICAL CREAM                                      | T2        |                         |
| AZILECT ORAL TABLET                                       | T3        | BP; MM                  |
| <i>azithromycin oral packet</i>                           | T1        |                         |
| <i>azithromycin oral suspension for reconstitution</i>    | T1        |                         |
| <i>azithromycin oral tablet</i>                           | T1        |                         |
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION                   | T2        | BP; MM                  |
| AZOR ORAL TABLET                                          | T3        | BP; MM                  |
| AZSTARYS ORAL CAPSULE                                     | T3        | PA; MM                  |
| AZULFIDINE ENTABS ORAL TABLET,DELAYED RELEASE (DR/EC)     | T2        | BP; MM                  |
| AZULFIDINE ORAL TABLET                                    | T2        | BP; MM                  |

| Drug Name                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------|-----------|-------------------------|
| <i>azurette (28) oral tablet</i>                           | T1        | MM                      |
| <i>b complex 1 (with folic acid) oral tablet</i>           | T1        | MM                      |
| <i>b complex-vitamin c-folic acid oral tablet</i>          | T1        |                         |
| <i>bacitracin ophthalmic (eye) ointment</i>                | T1        |                         |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>    | T1        |                         |
| BACLOFEN ORAL SOLUTION                                     | EXC       | MM                      |
| <i>baclofen oral suspension</i>                            | T1        | PA; MM                  |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>             | T1        | MM                      |
| BACLOFEN ORAL TABLET 15 MG                                 | EXC       | MM                      |
| BACTRIM DS ORAL TABLET                                     | T2        | BP                      |
| BACTRIM ORAL TABLET                                        | T2        | BP                      |
| BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)              | EXC       | SP; MM; LA              |
| <i>balanced b-100 oral tablet</i>                          | T1        | MM                      |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR | EXC       | MM                      |
| <i>bal-care dha oral combo pack,tablet and cap,dr</i>      | T2        | MM                      |

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| Drug Name                                                           | Drug Tier | Requirements/<br>Limits                              |
|---------------------------------------------------------------------|-----------|------------------------------------------------------|
| BALCOLTRA ORAL TABLET                                               | T2        | BP; MM                                               |
| <i>balsalazide oral capsule</i>                                     | T1        |                                                      |
| BALVERSA ORAL TABLET                                                | T3        | PA; SP; MM; QL; LA                                   |
| <i>balziva (28) oral tablet</i>                                     | T1        | MM                                                   |
| BANZEL ORAL SUSPENSION                                              | T2        | BP; MM                                               |
| BANZEL ORAL TABLET                                                  | T2        | BP; MM                                               |
| BAQSIMI NASAL SPRAY, NON-AEROSOL                                    | T2        | QL                                                   |
| BARACLUDE ORAL SOLUTION                                             | T2        | MM                                                   |
| BARACLUDE ORAL TABLET                                               | T2        | BP; MM                                               |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN             | EXC       | MM; Preferred Alternatives (LANTUS, LANTUS SOLOSTAR) |
| BASAGLAR TEMPO PEN (U-100) INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR | EXC       | MM                                                   |
| BAXDELA ORAL TABLET                                                 | T3        | PA                                                   |
| <i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i>  | T1        | MM                                                   |
| <i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>          | T1        |                                                      |
| BD INTEGRA NEEDLE NEEDLE                                            | T2        |                                                      |
| BD MICROTAINER LANCET 30 GAUGE                                      | T2        | MM                                                   |

| Drug Name                                         | Drug Tier | Requirements/<br>Limits                                                                                    |
|---------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------|
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"   | T2        |                                                                                                            |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE              | T2        | MM                                                                                                         |
| BELBUCA BUCCAL FILM                               | T3        |                                                                                                            |
| BELSOMRA ORAL TABLET                              | T2        | ST                                                                                                         |
| <i>benazepril oral tablet</i>                     | T1        | MM                                                                                                         |
| <i>benazepril-hydrochlorothiazide oral tablet</i> | T1        | MM                                                                                                         |
| BENEFIX INTRAVENOUS RECON SOLN                    | T2        | SP; MM; LA                                                                                                 |
| BENICAR HCT ORAL TABLET                           | EXC       | BP; MM; Preferred Alternatives (losartan-hydrochlorothiazide, DIOVAN HCT, candesartan-hydrochlorothiazide) |
| BENICAR ORAL TABLET                               | EXC       | BP; MM; Preferred Alternatives (losartan potassium, valsartan, candesartan cilexetil)                      |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR               | T2        | PA; SP; MM; LA                                                                                             |
| BENLYSTA SUBCUTANEOUS SYRINGE                     | T2        | PA; SP; MM; LA                                                                                             |
| BENZAMYCIN TOPICAL GEL                            | T2        | BP                                                                                                         |

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| Drug Name                                                      | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------|-----------|-------------------------|
| BENZEPRO<br>(MICROSPHERE<br>S) TOPICAL<br>CLEANSER             | EXC       | BP                      |
| <i>benzebro topical<br/>towelette</i>                          | EXC       |                         |
| BENZNIDAZOLE<br>ORAL TABLET                                    | T3        |                         |
| <i>benzonatate oral<br/>capsule</i>                            | T1        |                         |
| <i>benzoyl peroxide<br/>topical cleanser 7<br/>%</i>           | EXC       |                         |
| <i>benzoyl peroxide<br/>topical foam</i>                       | EXC       |                         |
| <i>benzphetamine<br/>oral tablet</i>                           | T3        |                         |
| <i>benztropine oral<br/>tablet</i>                             | T1        | MM                      |
| <i>bepotastine<br/>besilate<br/>ophthalmic (eye)<br/>drops</i> | T3        |                         |
| BEPREVE<br>OPHTHALMIC<br>(EYE) DROPS                           | T3        | BP                      |
| <i>beseb topical<br/>lotion</i>                                | T3        |                         |
| BESIVANCE<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION       | T3        |                         |
| BESREMI<br>SUBCUTANEOU<br>S SYRINGE                            | T2        | PA; SP; MM;<br>QL; LA   |
| BETADINE<br>OPHTHALMIC<br>PREP<br>OPHTHALMIC<br>(EYE) SOLUTION | EXC       |                         |
| <i>betaine oral<br/>powder</i>                                 | T2        | SP; MM                  |
| <i>betamethasone<br/>dipropionate<br/>topical cream</i>        | T1        |                         |

| Drug Name                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------|-----------|-------------------------|
| <i>betamethasone<br/>dipropionate<br/>topical lotion</i>   | T1        |                         |
| <i>betamethasone<br/>dipropionate<br/>topical ointment</i> | T1        |                         |
| <i>betamethasone<br/>valerate topical<br/>cream</i>        | T1        |                         |
| <i>betamethasone<br/>valerate topical<br/>foam</i>         | T3        |                         |
| <i>betamethasone<br/>valerate topical<br/>lotion</i>       | T1        |                         |
| <i>betamethasone<br/>valerate topical<br/>ointment</i>     | T1        |                         |
| <i>betamethasone,<br/>augmented topical<br/>cream</i>      | T1        |                         |
| <i>betamethasone,<br/>augmented topical<br/>gel</i>        | T1        |                         |
| <i>betamethasone,<br/>augmented topical<br/>lotion</i>     | T1        |                         |
| <i>betamethasone,<br/>augmented topical<br/>ointment</i>   | T1        |                         |
| BETAPACE AF<br>ORAL TABLET                                 | T2        | BP; MM                  |
| BETAPACE<br>ORAL TABLET                                    | T2        | BP; MM                  |
| BETASERON<br>SUBCUTANEOU<br>S KIT                          | T2        | PA; SP; MM; LA          |
| <i>betaxolol<br/>ophthalmic (eye)<br/>drops</i>            | T3        | MM                      |
| <i>betaxolol oral<br/>tablet</i>                           | T3        | MM                      |
| <i>bethanechol<br/>chloride oral tablet</i>                | T1        | MM                      |

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| Drug Name                                         | Drug Tier | Requirements/<br>Limits                    |
|---------------------------------------------------|-----------|--------------------------------------------|
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION      | T3        | SP; BP; MM                                 |
| BETIMOL OPHTHALMIC (EYE) DROPS                    | T2        | MM                                         |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION      | T3        | MM; Preferred Alternatives (carteolol hcl) |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER | T2        | MM                                         |
| <i>bexarotene oral capsule</i>                    | T1        | PA; SP; MM; LA                             |
| <i>bexarotene topical gel</i>                     | T1        | PA; SP; QL; LA                             |
| BEXSERO INTRAMUSCULAR SYRINGE                     | T2        |                                            |
| BEYAZ ORAL TABLET                                 | T2        | BP; MM                                     |
| BEYFORTUS INTRAMUSCULAR SYRINGE                   | T2        |                                            |
| <i>bicalutamide oral tablet</i>                   | T1        | MM                                         |
| BIDIL ORAL TABLET                                 | T3        | BP; MM                                     |
| BIGFOOT UNITY KIT                                 | EXC       | MM                                         |
| BIJUVA ORAL CAPSULE                               | EXC       | MM                                         |
| BIKTARVY ORAL TABLET                              | T2        | MM                                         |
| BILTRICIDE ORAL TABLET                            | T2        | BP                                         |
| <i>bimatoprost ophthalmic (eye) drops</i>         | T2        | MM                                         |

| Drug Name                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------|-----------|-------------------------|
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR    | T2        | PA; SP; MM; QL          |
| BIMZELX SUBCUTANEOUS SYRINGE                       | T2        | PA; SP; MM; QL; LA      |
| BINOSTO ORAL TABLET, EFFERVESCENT                  | T3        | PA; MM                  |
| BIONIME RIGHTEST GM300 SYSTEM KIT                  | EXC       | MM; QL                  |
| BIONIME RIGHTEST TEST STRIPS STRIP                 | EXC       | PA; MM                  |
| BIOTEL CARE BGM-4 METER                            | EXC       | MM; QL                  |
| <i>bismuth subcit k-metronidz-tcn oral capsule</i> | EXC       |                         |
| <i>bisoprolol fumarate oral tablet</i>             | T1        | MM                      |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i>  | T1        | MM                      |
| <i>blisovi 24 fe oral tablet</i>                   | T1        | MM                      |
| <i>blisovi fe 1.5/30 (28) oral tablet</i>          | T1        | MM                      |
| <i>blisovi fe 1/20 (28) oral tablet</i>            | T1        | MM                      |
| BLOOD GLUCOSE TEST STRIP                           | EXC       | PA; MM                  |
| BLOOD-GLUCOSE METER                                | EXC       | MM; QL                  |
| BLULINK DIABETIC TEST BUNDLE KIT                   | EXC       | MM; QL                  |

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| Drug Name                                                     | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------|-----------|-------------------------|
| BLULINK<br>GLUCOSE<br>MONITOR<br>SYSTEM                       | EXC       | MM; QL                  |
| BLULINK<br>GLUCOSE TEST<br>STRIP STRIP                        | EXC       | PA; MM                  |
| BONJESTA ORAL<br>TABLET,IR,DELA<br>YED<br>REL,BIPHASIC        | T3        |                         |
| BOOSTRIX TDAP<br>INTRAMUSCULA<br>R SUSPENSION                 | T2        |                         |
| BOOSTRIX TDAP<br>INTRAMUSCULA<br>R SYRINGE                    | T2        |                         |
| <i>bosentan oral<br/>tablet</i>                               | T1        | PA; SP; MM; QL          |
| BOSULIF ORAL<br>CAPSULE                                       | T3        | PA; SP; MM; LA          |
| BOSULIF ORAL<br>TABLET                                        | T2        | PA; SP; MM;<br>QL; LA   |
| <i>bp 10-1 topical<br/>cleanser</i>                           | T3        |                         |
| BRAFTOVI ORAL<br>CAPSULE                                      | T2        | PA; SP; MM;<br>QL; LA   |
| BREATHERITE<br>MDI SPACER<br>SPACER                           | T3        |                         |
| BRENZAVVY<br>ORAL TABLET                                      | EXC       | MM                      |
| BREO ELLIPTA<br>INHALATION<br>BLISTER WITH<br>DEVICE          | T2        | MM                      |
| BREXAFEMME<br>ORAL TABLET                                     | T3        | QL                      |
| <i>brey-na inhalation<br/>hfa aerosol inhaler</i>             | T1        | MM                      |
| BREZTRI<br>AEROSPHERE<br>INHALATION HFA<br>AEROSOL<br>INHALER | T3        | MM                      |
| <i>briellyn oral tablet</i>                                   | T1        | MM                      |

| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| BRILINTA ORAL<br>TABLET 60 MG                                    | T3        | MM                      |
| BRILINTA ORAL<br>TABLET 90 MG                                    | T2        | MM                      |
| <i>brimonidine<br/>ophthalmic (eye)<br/>drops</i>                | T1        | MM                      |
| <i>brimonidine<br/>topical gel with<br/>pump</i>                 | T1        |                         |
| BRIMONIDINE-<br>DORZOLAMIDE<br>(PF)<br>OPHTHALMIC<br>(EYE) DROPS | T3        | MM                      |
| <i>brimonidine-<br/>timolol ophthalmic<br/>(eye) drops</i>       | T2        | MM                      |
| <i>brinzolamide<br/>ophthalmic (eye)<br/>drops,suspension</i>    | T1        | MM                      |
| BRIVIACT ORAL<br>SOLUTION                                        | T2        | ST; MM                  |
| BRIVIACT ORAL<br>TABLET                                          | T2        | ST; MM                  |
| BROMFED DM<br>ORAL SYRUP                                         | EXC       | BP                      |
| <i>bromfenac<br/>ophthalmic (eye)<br/>drops</i>                  | T3        |                         |
| <i>bromocriptine oral<br/>capsule</i>                            | T1        | MM                      |
| <i>bromocriptine oral<br/>tablet</i>                             | T1        | MM                      |
| <i>brompheniramine-<br/>pseudoeph-dm<br/>oral syrup</i>          | EXC       |                         |
| BROMSITE<br>OPHTHALMIC<br>(EYE) DROPS                            | T3        | BP                      |
| BRONCHITOL<br>INHALATION<br>CAPSULE,<br>W/INHALATION<br>DEVICE   | T3        | PA; SP; MM              |

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| Drug Name                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------|-----------|-------------------------|
| BROVANA INHALATION SOLUTION FOR NEBULIZATION                | T2        | BP; MM                  |
| BRUKINSA ORAL CAPSULE                                       | T2        | PA; SP; MM; QL; LA      |
| BRYHALI TOPICAL LOTION                                      | T3        | PA                      |
| <i>budesonide inhalation suspension for nebulization</i>    | T1        | MM                      |
| <i>budesonide oral capsule, delayed, extend. release</i>    | T1        |                         |
| <i>budesonide oral tablet, delayed and ext. release</i>     | T1        | PA; QL                  |
| <i>budesonide rectal foam</i>                               | T1        | PA; QL                  |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler</i> | T1        | MM                      |
| <i>bumetanide injection solution</i>                        | T2        |                         |
| <i>bumetanide oral tablet</i>                               | T1        | MM                      |
| BUPAP ORAL TABLET                                           | T3        | BP                      |
| BUPHENYL ORAL POWDER                                        | T2        | SP; BP; MM              |
| BUPHENYL ORAL TABLET                                        | T2        | SP; BP; MM              |
| <i>buprenorphine hcl sublingual tablet</i>                  | T1        |                         |
| <i>buprenorphine transdermal patch weekly</i>               | T1        |                         |
| <i>buprenorphine-naloxone sublingual film</i>               | T1        | MM                      |
| <i>buprenorphine-naloxone sublingual tablet</i>             | T1        | MM                      |

| Drug Name                                                               | Drug Tier | Requirements/<br>Limits                                                                             |
|-------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------|
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i> | T1        |                                                                                                     |
| <i>bupropion hcl oral tablet</i>                                        | T1        | MM                                                                                                  |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>  | T1        | MM                                                                                                  |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG                 | EXC       | MM; Preferred Alternatives (bupropion xl, bupropion sr, bupropion xl, WELLBUTRIN XL, WELLBUTRIN SR) |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>                | T1        | MM                                                                                                  |
| <i>buspirone oral tablet</i>                                            | T1        | MM                                                                                                  |
| <i>butalbital-acetaminop-caff-cod oral capsule</i>                      | T3        | PA; QL                                                                                              |
| <i>butalbital-acetaminophen oral capsule</i>                            | T3        |                                                                                                     |
| <i>butalbital-acetaminophen oral tablet</i>                             | T3        |                                                                                                     |
| <i>butalbital-acetaminophen-caff oral capsule</i>                       | T3        |                                                                                                     |
| <i>butalbital-acetaminophen-caff oral tablet</i>                        | T3        |                                                                                                     |
| <i>butalbital-aspirin-caffeine oral capsule</i>                         | T1        |                                                                                                     |
| <i>butalbital-aspirin-caffeine oral tablet</i>                          | T3        |                                                                                                     |
| <i>butorphanol injection solution</i>                                   | T3        | PA; QL                                                                                              |

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| Drug Name                                                      | Drug Tier | Requirements/<br>Limits                                              |
|----------------------------------------------------------------|-----------|----------------------------------------------------------------------|
| <i>butorphanol nasal spray,non-aerosol</i>                     | T1        | PA; QL                                                               |
| BUTRANS<br>TRANSDERMAL<br>PATCH WEEKLY                         | T2        | BP                                                                   |
| BYDUREON<br>BCISE<br>SUBCUTANEOU<br>S AUTO-<br>INJECTOR        | EXC       | MM                                                                   |
| BYETTA<br>SUBCUTANEOU<br>S PEN INJECTOR                        | EXC       | MM; Preferred<br>Alternatives<br>(OZEMPIC,<br>TRULICITY,<br>VICTOZA) |
| BYLVAY ORAL<br>CAPSULE                                         | T3        | PA; SP; MM                                                           |
| BYLVAY ORAL<br>PELLET                                          | T3        | PA; SP; MM                                                           |
| BYSTOLIC ORAL<br>TABLET                                        | T3        | BP; MM                                                               |
| <i>cabergoline oral<br/>tablet</i>                             | T1        | MM                                                                   |
| CABOMETYX<br>ORAL TABLET                                       | T2        | PA; SP; MM;<br>QL; LA                                                |
| CABTREO<br>TOPICAL GEL                                         | EXC       |                                                                      |
| CADUET ORAL<br>TABLET                                          | EXC       | BP; MM                                                               |
| <i>caffeine citrate<br/>oral solution</i>                      | T1        |                                                                      |
| <i>calcipotriene scalp<br/>solution</i>                        | T1        |                                                                      |
| <i>calcipotriene<br/>topical cream</i>                         | T1        |                                                                      |
| CALCIPOTRIENE<br>TOPICAL FOAM                                  | T3        |                                                                      |
| <i>calcipotriene<br/>topical ointment</i>                      | T1        |                                                                      |
| <i>calcipotriene-<br/>betamethasone<br/>topical ointment</i>   | T3        |                                                                      |
| <i>calcipotriene-<br/>betamethasone<br/>topical suspension</i> | T3        |                                                                      |

| Drug Name                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------|-----------|-------------------------|
| <i>calcitonin<br/>(salmon) injection<br/>solution</i>      | T2        |                         |
| <i>calcitonin<br/>(salmon) nasal<br/>spray,non-aerosol</i> | T1        | MM                      |
| <i>calcitriol<br/>intravenous<br/>solution 1 mcg/ml</i>    | EXC       |                         |
| <i>calcitriol oral<br/>capsule</i>                         | T1        | MM                      |
| <i>calcitriol oral<br/>solution</i>                        | T1        | MM                      |
| <i>calcitriol topical<br/>ointment</i>                     | T1        |                         |
| <i>calcium<br/>acetate(phosphat<br/>bind) oral capsule</i> | T1        | MM                      |
| <i>calcium<br/>acetate(phosphat<br/>bind) oral tablet</i>  | T1        | MM                      |
| CALQUENCE<br>(ACALABRUTINIB<br>MAL) ORAL<br>TABLET         | T2        | PA; SP; MM; LA          |
| CAMBIA ORAL<br>POWDER IN<br>PACKET                         | T3        | BP                      |
| <i>camila oral tablet</i>                                  | T1        | MM                      |
| <i>camrese lo oral<br/>tablets,dose<br/>pack,3 month</i>   | T1        | MM                      |
| <i>camrese oral<br/>tablets,dose<br/>pack,3 month</i>      | T1        | MM                      |
| CAMZYOS ORAL<br>CAPSULE                                    | T2        | PA; SP; MM;<br>QL; LA   |
| CANASA<br>RECTAL<br>SUPPOSITORY                            | T2        | BP; MM                  |
| <i>candesartan oral<br/>tablet</i>                         | T1        | MM                      |
| <i>candesartan-<br/>hydrochlorothiazid<br/>oral tablet</i> | T1        | MM                      |

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| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| CANTHARIDIN IN ACETONE TOPICAL SOLUTION                 | EXC       |                      |
| <i>capecitabine oral tablet</i>                         | T1        | SP; LA               |
| CAPEX TOPICAL SHAMPOO                                   | T2        |                      |
| CAPLYTA ORAL CAPSULE                                    | T2        | PA; MM; QL           |
| CAPRELSA ORAL TABLET                                    | T2        | PA; SP; MM; QL       |
| <i>captopril oral tablet</i>                            | T1        | MM                   |
| <i>captopril-hydrochlorothiazide oral tablet</i>        | T1        | MM                   |
| CARAC TOPICAL CREAM                                     | T2        |                      |
| CARAFATE ORAL SUSPENSION                                | T2        | BP; MM               |
| CARAFATE ORAL TABLET                                    | T2        | BP; MM               |
| CARBAGLU ORAL TABLET, DISPERSIBLE                       | T2        | PA; SP; BP; MM       |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>  | T1        | MM                   |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>        | T1        | MM                   |
| <i>carbamazepine oral tablet</i>                        | T1        | MM                   |
| <i>carbamazepine oral tablet extended release 12 hr</i> | T1        | MM                   |
| <i>carbamazepine oral tablet, chewable</i>              | T1        | MM                   |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR             | T2        | BP; MM               |

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| <i>carbidopa oral tablet</i>                           | T1        | MM                   |
| <i>carbidopa-levodopa oral tablet</i>                  | T1        | MM                   |
| <i>carbidopa-levodopa oral tablet extended release</i> | T1        | MM                   |
| <i>carbidopa-levodopa oral tablet, disintegrating</i>  | T1        | MM                   |
| <i>carbidopa-levodopa-entacapone oral tablet</i>       | T3        | MM                   |
| <i>carbinoxamine maleate oral liquid</i>               | T3        |                      |
| <i>carbinoxamine maleate oral tablet 4 mg</i>          | T3        |                      |
| <i>carbinoxamine maleate oral tablet 6 mg</i>          | EXC       |                      |
| CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR        | T2        | BP; MM               |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR         | T2        | BP; MM               |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG              | T2        | BP; MM               |
| CARDURA ORAL TABLET                                    | T2        | BP; MM               |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR           | T3        | MM                   |
| CARESENS N                                             | EXC       | MM; QL               |
| CARESENS N FELIZ GLUCOSE METER                         | EXC       | MM; QL               |

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| Drug Name                                                     | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------|-----------|----------------------|
| CARESENS N TEST STRIPS STRIP                                  | EXC       | PA; MM               |
| CARESENS N VOICE                                              | EXC       | MM; QL               |
| CARETOUCH GLUCOSE MONITORING KIT                              | EXC       | MM; QL               |
| CARETOUCH TEST STRIP STRIP                                    | EXC       | PA; MM               |
| <i>carglumic acid oral tablet, dispersible</i>                | T1        | PA; SP; MM           |
| <i>carisoprodol oral tablet 250 mg</i>                        | EXC       |                      |
| <i>carisoprodol oral tablet 350 mg</i>                        | T1        |                      |
| <i>carisoprodol-aspirin oral tablet</i>                       | T3        |                      |
| <i>carisoprodol-aspirin-codeine oral tablet</i>               | T3        | PA; QL               |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION                           | T2        | BP; MM               |
| CARNITOR ORAL SOLUTION                                        | T2        | BP; MM               |
| CARNITOR ORAL TABLET                                          | T2        | BP; MM               |
| CAROSPIR ORAL SUSPENSION                                      | T2        | BP; MM               |
| <i>carteolol ophthalmic (eye) drops</i>                       | T1        | MM                   |
| <i>cartia xt oral capsule, extended release 24hr</i>          | T1        | MM                   |
| <i>carvedilol oral tablet</i>                                 | T1        | MM                   |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr</i> | T3        | MM                   |

| Drug Name                                                                                | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------------|-----------|----------------------|
| CASODEX ORAL TABLET                                                                      | T2        | BP; MM               |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY                                                  | T2        | BP; MM               |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY                                                  | T2        | BP; MM               |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY                                                  | T2        | BP; MM               |
| CAVERJECT IMPULSE INTRACAVERNO SAL KIT                                                   | T2        | MM; QL               |
| CAVERJECT INTRACAVERNO SAL RECON SOLN                                                    | T2        | MM; QL               |
| CAVERJECT INTRACAVERNO SAL SYRINGE                                                       | T2        | MM; QL               |
| CAYA CONTOURED VAGINAL DIAPHRAGM                                                         | T2        |                      |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION                                             | T2        | PA; SP               |
| <i>caziant (28) oral tablet</i>                                                          | T1        | MM                   |
| <i>cefaclor oral capsule</i>                                                             | T3        |                      |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | T3        |                      |
| <i>cefaclor oral tablet extended release 12 hr</i>                                       | T3        |                      |
| <i>cefadroxil oral capsule</i>                                                           | T1        |                      |

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| Drug Name                                                                       | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------|-----------|-------------------------|
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>   | T1        |                         |
| <i>cefadroxil oral tablet</i>                                                   | T1        |                         |
| <i>cefdinir oral capsule</i>                                                    | T1        |                         |
| <i>cefdinir oral suspension for reconstitution</i>                              | T1        |                         |
| <i>cefixime oral capsule</i>                                                    | T1        | PA                      |
| <i>cefixime oral suspension for reconstitution</i>                              | T3        |                         |
| <i>cefpodoxime oral suspension for reconstitution</i>                           | T3        |                         |
| <i>cefpodoxime oral tablet</i>                                                  | T3        |                         |
| <i>cefprozil oral suspension for reconstitution</i>                             | T1        |                         |
| <i>cefprozil oral tablet</i>                                                    | T3        |                         |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | T2        |                         |
| CEFTRIAXONE INJECTION RECON SOLN 100 GRAM                                       | T2        |                         |
| <i>ceftriaxone intravenous recon soln</i>                                       | T2        |                         |
| <i>cefuroxime axetil oral tablet</i>                                            | T1        |                         |
| CELEBREX ORAL CAPSULE                                                           | T2        | BP; MM                  |
| <i>celecoxib oral capsule</i>                                                   | T1        | MM                      |

| Drug Name                                            | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------|-----------|-------------------------|
| CELEXA ORAL TABLET                                   | T2        | BP; MM                  |
| CELLCEPT ORAL CAPSULE                                | T2        | BP; MM                  |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION          | T2        | BP; MM                  |
| CELLCEPT ORAL TABLET                                 | T2        | BP; MM                  |
| CELONTIN ORAL CAPSULE 300 MG                         | T3        | BP; MM                  |
| CENTANY AT TOPICAL OINTMENT KIT                      | T3        |                         |
| CENTANY TOPICAL OINTMENT                             | T2        |                         |
| <i>cephalexin oral capsule</i>                       | T1        |                         |
| <i>cephalexin oral suspension for reconstitution</i> | T1        |                         |
| <i>cephalexin oral tablet</i>                        | T2        |                         |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE                   | T3        | MM                      |
| CEQUR SIMPLICITY DEVICE                              | EXC       | MM                      |
| CERDELGA ORAL CAPSULE                                | T3        | PA; SP; MM; QL          |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE            | T2        |                         |
| CETRAXAL OTIC (EAR) DROPPERETTE                      | T3        |                         |
| <i>cetrorelix subcutaneous kit</i>                   | T3        | SP                      |

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| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| CETROTIDE<br>SUBCUTANEOUS<br>KIT                                     | T3        | SP; BP                  |
| <i>cevimeline oral<br/>capsule</i>                                   | T3        | MM                      |
| CHANTIX<br>CONTINUING<br>MONTH BOX<br>ORAL TABLET                    | T2        |                         |
| CHANTIX ORAL<br>TABLET 1 MG                                          | T2        |                         |
| CHANTIX<br>STARTING<br>MONTH BOX<br>ORAL<br>TABLETS,DOSE<br>PACK     | T2        |                         |
| <i>charlotte 24 fe oral<br/>tablet, chewable</i>                     | T1        | MM                      |
| <i>chateal (28) oral<br/>tablet</i>                                  | T1        | MM                      |
| <i>chateal eq (28)<br/>oral tablet</i>                               | T1        | MM                      |
| CHEMET ORAL<br>CAPSULE                                               | T2        |                         |
| CHENODAL<br>ORAL TABLET                                              | T3        | SP                      |
| <i>chlordiazepoxide<br/>hcl oral capsule</i>                         | T1        |                         |
| <i>chlordiazepoxide-<br/>clidinium oral<br/>capsule</i>              | T3        | MM                      |
| <i>chlorhexidine<br/>gluconate mucous<br/>membrane<br/>mouthwash</i> | T1        |                         |
| <i>chloroquine<br/>phosphate oral<br/>tablet 250 mg</i>              | T2        |                         |
| <i>chloroquine<br/>phosphate oral<br/>tablet 500 mg</i>              | T1        |                         |
| <i>chlorpromazine<br/>oral concentrate</i>                           | T3        | MM                      |
| <i>chlorpromazine<br/>oral tablet</i>                                | T1        | MM                      |

| Drug Name                                                                     | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------|-----------|-------------------------|
| <i>chlorthalidone oral<br/>tablet 25 mg, 50<br/>mg</i>                        | T1        | MM                      |
| <i>chlorzoxazone<br/>oral tablet</i>                                          | T3        |                         |
| CHOLBAM ORAL<br>CAPSULE                                                       | T3        | SP; MM                  |
| <i>cholestyramine<br/>(with sugar) oral<br/>powder</i>                        | T1        | MM                      |
| <i>cholestyramine<br/>(with sugar) oral<br/>powder in packet</i>              | T1        | MM                      |
| <i>cholestyramine<br/>light oral powder</i>                                   | T1        | MM                      |
| <i>cholestyramine<br/>light oral powder<br/>in packet</i>                     | T1        | MM                      |
| CHORIONIC<br>GONADOTROPIN<br>, HUMAN<br>INJECTION<br>RECON SOLN<br>6,000 UNIT | T3        |                         |
| CHORIONIC<br>GONADOTROPIN<br>, HUMAN<br>INTRAMUSCULAR<br>RECON SOLN           | T3        | SP                      |
| CIALIS ORAL<br>TABLET 10 MG,<br>20 MG, 5 MG                                   | T2        | BP; MM; QL              |
| CIBINQO ORAL<br>TABLET                                                        | T2        | PA; SP; MM; QL          |
| CICLODAN KIT<br>TOPICAL<br>COMBO PACK                                         | T3        |                         |
| CICLODAN KIT<br>TOPICAL<br>SOLUTION                                           | EXC       |                         |
| <i>ciclodan topical<br/>cream</i>                                             | T3        |                         |
| <i>ciclodan topical<br/>solution</i>                                          | T1        |                         |
| <i>ciclopirox topical<br/>cream</i>                                           | T1        |                         |

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| Drug Name                                              | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------|-----------|-------------------------|
| <i>ciclopirox topical gel</i>                          | T1        |                         |
| <i>ciclopirox topical shampoo</i>                      | T3        |                         |
| <i>ciclopirox topical solution</i>                     | T1        |                         |
| <i>ciclopirox topical suspension</i>                   | T1        |                         |
| <i>ciclopirox-ure-camph-menth-euc topical solution</i> | EXC       |                         |
| <i>cilostazol oral tablet</i>                          | T1        | MM                      |
| CILOXAN OPHTHALMIC (EYE) OINTMENT                      | T2        |                         |
| CIMDUO ORAL TABLET                                     | T2        | MM                      |
| <i>cimetidine hcl oral solution</i>                    | T3        | MM                      |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>   | T3        | MM                      |
| CIMZIA SUBCUTANEOUS SYRINGE KIT                        | T2        | PA; SP; MM; QL; LA      |
| <i>cinacalcet oral tablet</i>                          | T1        | MM                      |
| CIPRO HC OTIC (EAR) DROPS,SUSPENSION                   | T2        |                         |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON               | T2        | BP                      |
| CIPRO ORAL TABLET 250 MG, 500 MG                       | T2        | BP                      |
| <i>ciprofloxacin hcl ophthalmic (eye) drops</i>        | T1        |                         |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>            | T2        |                         |

| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>          | T1        |                         |
| <i>ciprofloxacin hcl otic (ear) dropperette</i>                      | T3        |                         |
| <i>ciprofloxacin oral suspension,microcapsule recon</i>              | T2        |                         |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>       | T1        |                         |
| CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION                       | T3        |                         |
| CITALOPRAM ORAL CAPSULE                                              | EXC       | MM                      |
| <i>citalopram oral solution</i>                                      | T1        | MM                      |
| <i>citalopram oral tablet</i>                                        | T1        | MM                      |
| CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL                 | T2        | MM                      |
| <i>citrate of magnesia oral solution</i>                             | T1        |                         |
| <i>citroma oral solution</i>                                         | T1        |                         |
| <i>claravis oral capsule</i>                                         | T1        |                         |
| CLARINEX ORAL TABLET                                                 | EXC       | BP; MM                  |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR                  | T3        |                         |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i> | T3        |                         |

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| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| <i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i> | T1        |                         |
| <i>clarithromycin oral tablet</i>                                    | T1        |                         |
| <i>clarithromycin oral tablet extended release 24 hr</i>             | T3        |                         |
| <i>classic prenatal oral tablet</i>                                  | T1        | MM                      |
| <i>clearlax oral powder</i>                                          | T1        |                         |
| <i>clemastine oral syrup</i>                                         | T3        | PA                      |
| <i>clemastine oral tablet</i>                                        | T3        |                         |
| CLENIA PLUS TOPICAL SUSPENSION                                       | EXC       |                         |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM-12 GRAM/175 ML                  | T3        |                         |
| CLEOCIN HCL ORAL CAPSULE                                             | T2        | BP                      |
| CLEOCIN PEDIATRIC ORAL RECON SOLN                                    | T2        | BP                      |
| CLEOCIN T TOPICAL LOTION                                             | T2        | BP                      |
| CLEOCIN VAGINAL CREAM                                                | T2        | BP                      |
| CLEOCIN VAGINAL SUPPOSITORY                                          | T2        |                         |
| CLEVER CHEK BLOOD GLUCOSE                                            | EXC       | MM; QL                  |
| CLEVER CHOICE GLUCOSE MONITOR                                        | EXC       | MM; QL                  |
| CLEVER CHOICE MICRO                                                  | EXC       | MM; QL                  |

| Drug Name                                    | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------|-----------|-------------------------|
| CLEVER CHOICE MICRO TEST STRIP STRIP         | EXC       | PA; MM                  |
| CLEVER CHOICE PRO                            | EXC       | MM; QL                  |
| CLEVER CHOICE PRO STRIP                      | EXC       | PA; MM                  |
| CLEVER CHOICE TALK GLUCOSE SYS               | EXC       | MM; QL                  |
| CLEVER CHOICE TALK TEST STRIP                | EXC       | PA; MM                  |
| CLEVER CHOICE TEST STRIPS STRIP              | EXC       | PA; MM                  |
| CLEVER CHOICE VOICE PLUS TEST STRIP          | EXC       | PA; MM                  |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY         | T2        | MM                      |
| CLIMARA TRANSDERMAL PATCH WEEKLY             | T2        | BP; MM                  |
| CLINDACIN ETZ TOPICAL KIT                    | T3        |                         |
| <i>clindacin etz topical swab</i>            | T1        |                         |
| <i>clindacin p topical swab</i>              | T1        |                         |
| CLINDACIN PAC TOPICAL KIT                    | T3        |                         |
| <i>clindacin topical foam</i>                | EXC       |                         |
| CLINDAGEL TOPICAL GEL, ONCE DAILY            | T2        | BP                      |
| <i>clindamycin hcl oral capsule</i>          | T1        |                         |
| <i>clindamycin pediatric oral recon soln</i> | T1        |                         |
| <i>clindamycin phosphate topical foam</i>    | T3        |                         |

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| Drug Name                                                                                    | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>clindamycin phosphate topical gel</i>                                                     | T1        |                         |
| <i>clindamycin phosphate topical gel, once daily</i>                                         | T1        |                         |
| <i>clindamycin phosphate topical lotion</i>                                                  | T1        |                         |
| <i>clindamycin phosphate topical solution</i>                                                | T1        |                         |
| <i>clindamycin phosphate topical swab</i>                                                    | T1        |                         |
| <i>clindamycin phosphate vaginal cream</i>                                                   | T1        |                         |
| <i>clindamycin-benzoyl peroxide topical gel</i>                                              | T1        |                         |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i> | T3        |                         |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>                              | T1        |                         |
| <i>clindamycin-tretinoin topical gel</i>                                                     | EXC       |                         |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE                                                     | T3        |                         |
| <i>clobazam oral suspension</i>                                                              | T1        | MM                      |
| <i>clobazam oral tablet</i>                                                                  | T1        | MM                      |
| <i>clobetasol scalp solution</i>                                                             | T1        |                         |
| <i>clobetasol topical cream</i>                                                              | T1        |                         |

| Drug Name                                    | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------|-----------|-------------------------|
| <i>clobetasol topical foam</i>               | T3        |                         |
| <i>clobetasol topical gel</i>                | T1        |                         |
| <i>clobetasol topical lotion</i>             | T3        |                         |
| <i>clobetasol topical ointment</i>           | T1        |                         |
| <i>clobetasol topical shampoo</i>            | T1        |                         |
| <i>clobetasol topical spray,non-aerosol</i>  | T3        |                         |
| <i>clobetasol-emollient topical cream</i>    | T3        |                         |
| <i>clobetasol-emollient topical foam</i>     | T3        |                         |
| CLOBEX TOPICAL SHAMPOO                       | T2        | BP                      |
| CLOBEX TOPICAL SPRAY,NON-AEROSOL             | T3        | BP                      |
| <i>clocortolone pivalate topical cream</i>   | T3        |                         |
| CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER  | T3        |                         |
| <i>clodan topical shampoo</i>                | T1        |                         |
| <i>clomid oral tablet</i>                    | T3        |                         |
| <i>clomiphene citrate oral tablet</i>        | T3        |                         |
| <i>clomipramine oral capsule</i>             | T1        | MM                      |
| <i>clonazepam oral tablet</i>                | T1        | MM                      |
| <i>clonazepam oral tablet,disintegrating</i> | T1        | MM                      |
| <i>clonidine hcl oral tablet</i>             | T1        | MM                      |

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| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| <i>clonidine hcl oral tablet extended release 12 hr</i> | T1        | MM                   |
| CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR        | EXC       | MM                   |
| <i>clonidine transdermal patch weekly</i>               | T1        | MM                   |
| <i>clopidogrel oral tablet 300 mg</i>                   | T1        |                      |
| <i>clopidogrel oral tablet 75 mg</i>                    | T1        | MM                   |
| <i>clorazepate dipotassium oral tablet</i>              | T1        |                      |
| <i>clotrimazole mucous membrane troche</i>              | T1        |                      |
| <i>clotrimazole-betamethasone topical cream</i>         | T1        |                      |
| <i>clotrimazole-betamethasone topical lotion</i>        | T1        |                      |
| <i>clozapine oral tablet</i>                            | T1        | MM                   |
| <i>clozapine oral tablet, disintegrating</i>            | T1        | MM                   |
| CLOZARIL ORAL TABLET 100 MG, 25 MG                      | T2        | BP; MM               |
| <i>c-nate dha oral capsule</i>                          | T2        | MM                   |
| COAGADEX INTRAVENOUS RECON SOLN                         | T2        | SP; LA               |
| COARTEM ORAL TABLET                                     | T2        |                      |
| COCAINE NASAL SOLUTION                                  | EXC       |                      |
| <i>codeine sulfate oral tablet</i>                      | T1        | PA; QL               |

| Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|
| <i>codeine-butalbital-asa-caff oral capsule</i>          | T3        | PA; QL               |
| <i>codeine-guaifenesin oral liquid</i>                   | T1        |                      |
| CODITUSSIN AC ORAL LIQUID                                | EXC       |                      |
| CODITUSSIN DAC ORAL LIQUID                               | EXC       |                      |
| COLAZAL ORAL CAPSULE                                     | T2        | BP                   |
| <i>colchicine oral capsule</i>                           | EXC       | MM                   |
| <i>colchicine oral tablet</i>                            | T1        | MM                   |
| COLCRYS ORAL TABLET                                      | T2        | BP; MM               |
| <i>colesevelam oral powder in packet</i>                 | T1        | MM                   |
| <i>colesevelam oral tablet</i>                           | T1        | MM                   |
| COLESTID ORAL GRANULES                                   | T2        | BP; MM               |
| COLESTID ORAL TABLET                                     | T2        | BP; MM               |
| <i>colestipol oral granules</i>                          | T1        | MM                   |
| <i>colestipol oral packet</i>                            | T1        | MM                   |
| <i>colestipol oral tablet</i>                            | T1        | MM                   |
| <i>colistin (colistimethate na) injection recon soln</i> | T2        |                      |
| COLY-MYCIN M PARENTERAL INJECTION RECON SOLN             | EXC       | BP                   |
| COMBIGAN OPHTHALMIC (EYE) DROPS                          | T3        | BP; MM               |

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| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY                 | T2        | MM                   |
| COMBIVENT RESPIMAT INHALATION MIST                      | T2        | MM                   |
| COMETRIQ ORAL CAPSULE                                   | T2        | PA; SP; MM; LA       |
| COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION | T2        |                      |
| COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE    | T2        |                      |
| COMPACT SPACE CHAMBER SPACER                            | T3        |                      |
| COMPAZINE ORAL TABLET 10 MG                             | EXC       | BP                   |
| COMPAZINE ORAL TABLET 5 MG                              | T2        | BP                   |
| COMPAZINE RECTAL SUPPOSITORY                            | T2        | BP                   |
| COMPLERA ORAL TABLET                                    | T3        | MM                   |
| <i>complete natal dha oral combo pack</i>               | T2        | MM                   |
| <i>compro rectal suppository</i>                        | T1        |                      |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR              | T2        | BP; MM               |
| CONDYLOX TOPICAL GEL                                    | T2        |                      |

| Drug Name                                   | Drug Tier | Requirements/ Limits |
|---------------------------------------------|-----------|----------------------|
| CONJUPRI ORAL TABLET                        | T3        | PA; MM               |
| CONSENSI ORAL TABLET                        | EXC       | MM                   |
| <i>constulose oral solution</i>             | T1        | MM                   |
| CONTOUR NEXT EZ METER                       | T2        | MM; QL               |
| CONTOUR NEXT GEN METER KIT                  | T2        | MM; QL               |
| CONTOUR NEXT LINK 2.4 KIT                   | EXC       | MM; QL               |
| CONTOUR NEXT LINK KIT                       | T2        | MM; QL               |
| CONTOUR NEXT METER                          | T2        | MM; QL               |
| CONTOUR NEXT ONE METER                      | T2        | MM; QL               |
| CONTOUR NEXT TEST STRIPS STRIP              | T2        | MM                   |
| CONTOUR TEST STRIPS STRIP                   | T2        | MM                   |
| CONTRACE ORAL TABLET EXTENDED RELEASE       | T2        | PA; MM               |
| CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 | T3        | PA; QL               |
| CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 | T3        | PA; QL               |
| COPAXONE SUBCUTANEOUS SYRINGE               | T2        | PA; SP; BP; MM; LA   |
| COPIKTRA ORAL CAPSULE                       | T3        | PA; SP; MM; LA       |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE        | T2        |                      |
| CORDRAN TOPICAL CREAM 0.025 %               | T3        |                      |

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| Drug Name                                                 | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------|-----------|-------------------------|
| CORDRAN<br>TOPICAL CREAM<br>0.05 %                        | T2        | BP                      |
| CORDRAN<br>TOPICAL LOTION                                 | T2        | BP                      |
| CORDRAN<br>TOPICAL<br>OINTMENT                            | T2        | BP                      |
| COREG CR<br>ORAL CAPSULE,<br>ER MULTIPHASE<br>24 HR       | T3        | BP; MM                  |
| COREG ORAL<br>TABLET                                      | T2        | BP; MM                  |
| CORGARD ORAL<br>TABLET 20 MG,<br>40 MG                    | T2        | BP; MM                  |
| CORLANOR<br>ORAL SOLUTION                                 | T2        | SP; MM; QL              |
| CORLANOR<br>ORAL TABLET                                   | T2        | MM; QL                  |
| CORTANE-B<br>TOPICAL LOTION                               | T3        | BP                      |
| CORTEF ORAL<br>TABLET                                     | T2        | BP; MM                  |
| CORTENEMA<br>RECTAL ENEMA                                 | T2        | BP                      |
| CORTIFOAM<br>RECTAL FOAM                                  | T2        |                         |
| <i>cortisone oral<br/>tablet</i>                          | T3        |                         |
| CORTISPORIN-<br>TC OTIC (EAR)<br>DROPS,SUSPEN<br>SION     | T2        |                         |
| COSENTYX (2<br>SYRINGES)<br>SUBCUTANEOU<br>S SYRINGE      | T2        | PA; SP; MM;<br>QL; LA   |
| COSENTYX PEN<br>(2 PENS)<br>SUBCUTANEOU<br>S PEN INJECTOR | T2        | PA; SP; MM;<br>QL; LA   |
| COSENTYX PEN<br>SUBCUTANEOU<br>S PEN INJECTOR             | T2        | PA; SP; MM;<br>QL; LA   |

| Drug Name                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------|-----------|-------------------------|
| COSENTYX<br>SUBCUTANEOU<br>S SYRINGE                              | T2        | PA; SP; MM;<br>QL; LA   |
| COSENTYX<br>UNOREADY PEN<br>SUBCUTANEOU<br>S PEN INJECTOR         | T2        | PA; SP; MM;<br>QL; LA   |
| COSOPT (PF)<br>OPHTHALMIC<br>(EYE)<br>DROPPERETTE                 | T2        | BP; MM                  |
| COSOPT<br>OPHTHALMIC<br>(EYE) DROPS                               | T2        | BP; MM                  |
| COTELLIC ORAL<br>TABLET                                           | T2        | PA; SP; MM; LA          |
| COTEMPLA XR-<br>ODT ORAL<br>TABLET,DISINTE<br>G ER BIPHASE<br>24H | T3        | MM                      |
| <i>covaryx h.s. oral<br/>tablet</i>                               | T3        | MM                      |
| <i>covaryx oral tablet</i>                                        | T3        | MM                      |
| COXANTO ORAL<br>CAPSULE                                           | EXC       |                         |
| COZAAR ORAL<br>TABLET                                             | T2        | BP; MM                  |
| CREON ORAL<br>CAPSULE,DELAY<br>ED<br>RELEASE(DR/EC<br>)           | T2        | MM                      |
| CRESEMBA<br>ORAL CAPSULE                                          | T2        |                         |
| CRESTOR ORAL<br>TABLET 40 MG                                      | T2        | BP; MM                  |
| CRINONE<br>VAGINAL GEL 4<br>%                                     | T3        |                         |
| CRINONE<br>VAGINAL GEL 8<br>%                                     | T3        | SP                      |
| <i>cromolyn<br/>inhalation solution<br/>for nebulization</i>      | T1        | MM                      |

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| Drug Name                                                     | Drug Tier | Requirements/<br>Limits                                           |
|---------------------------------------------------------------|-----------|-------------------------------------------------------------------|
| <i>cromolyn ophthalmic (eye) drops</i>                        | T1        |                                                                   |
| <i>cromolyn oral concentrate</i>                              | T1        | MM                                                                |
| <i>croton topical lotion</i>                                  | T1        |                                                                   |
| <i>cryselle (28) oral tablet</i>                              | T1        | MM                                                                |
| CUPRIMINE ORAL CAPSULE                                        | T3        | PA; BP; MM                                                        |
| <i>curae oral tablet</i>                                      | EXC       |                                                                   |
| CUTAQUIG SUBCUTANEOUS SOLUTION                                | T3        | PA; SP; MM                                                        |
| CUVITRU SUBCUTANEOUS SOLUTION                                 | T3        | PA; SP; MM; LA                                                    |
| CUVPOSA ORAL SOLUTION                                         | T2        | BP; MM                                                            |
| CUVRIOR ORAL TABLET                                           | EXC       | PA; SP; MM; QL                                                    |
| <i>cyanocobalamin (vitamin b-12) injection solution</i>       | T2        | MM                                                                |
| <i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol</i> | T3        | MM                                                                |
| <i>cyclobenzaprine oral capsule, extended release 24hr</i>    | EXC       | Preferred Alternatives (cyclobenzaprine hcl, cyclobenzaprine hcl) |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                | T1        |                                                                   |
| <i>cyclobenzaprine oral tablet 7.5 mg</i>                     | EXC       | Preferred Alternatives (cyclobenzaprine hcl, cyclobenzaprine hcl) |

| Drug Name                                                                  | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------|-----------|-------------------------|
| CYCLOGYL OPHTHALMIC (EYE) DROPS                                            | T2        | BP                      |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS                                         | T2        |                         |
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i>                           | T1        |                         |
| <i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops</i>              | EXC       |                         |
| CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-2.5 %- 0.5 % | EXC       |                         |
| <i>cyclophosphamide oral capsule</i>                                       | T1        |                         |
| CYCLOPHOSPHAMIDE ORAL TABLET                                               | T3        |                         |
| CYCLOSERINE ORAL CAPSULE                                                   | T1        |                         |
| CYCLOSET ORAL TABLET                                                       | T3        | MM                      |
| CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS                             | T2        | MM                      |
| <i>cyclosporine modified oral capsule</i>                                  | T1        | MM                      |
| <i>cyclosporine modified oral solution</i>                                 | T1        | MM                      |
| <i>cyclosporine ophthalmic (eye) dropperette</i>                           | T1        | MM                      |
| <i>cyclosporine oral capsule</i>                                           | T1        | MM                      |



| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits                                                                                                                                                                            |
|------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CYLTEZO(CF)<br>PEN CROHN'S-<br>UC-HS<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| CYLTEZO(CF)<br>PEN PSORIASIS-<br>UV<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT  | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| CYLTEZO(CF)<br>PEN<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT                   | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |

| Drug Name                                                     | Drug Tier | Requirements/<br>Limits                                                                                                                                                                            |
|---------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CYLTEZO(CF)<br>SUBCUTANEOU<br>S SYRINGE KIT                   | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| CYMBALTA<br>ORAL<br>CAPSULE,DELAY<br>ED<br>RELEASE(DR/EC<br>) | T2        | BP; MM                                                                                                                                                                                             |
| <i>cypheptadine<br/>oral syrup</i>                            | T1        |                                                                                                                                                                                                    |
| <i>cypheptadine<br/>oral tablet</i>                           | T1        |                                                                                                                                                                                                    |
| <i>cyred eq oral<br/>tablet</i>                               | T1        | MM                                                                                                                                                                                                 |
| <i>cyred oral tablet</i>                                      | T1        | MM                                                                                                                                                                                                 |
| CYSTADANE<br>ORAL POWDER                                      | T2        | SP; BP; MM                                                                                                                                                                                         |
| CYSTADROPS<br>OPHTHALMIC<br>(EYE) DROPS                       | T2        | SP; MM; QL                                                                                                                                                                                         |
| CYSTAGON<br>ORAL CAPSULE                                      | T3        | SP; MM                                                                                                                                                                                             |
| CYSTARAN<br>OPHTHALMIC<br>(EYE) DROPS                         | T2        | SP; MM; QL                                                                                                                                                                                         |
| CYTOMEL ORAL<br>TABLET                                        | T2        | BP; MM                                                                                                                                                                                             |
| CYTOTEC ORAL<br>TABLET                                        | T2        | BP; MM                                                                                                                                                                                             |
| <i>cytra-2 oral<br/>solution</i>                              | T1        |                                                                                                                                                                                                    |
| <i>cytra-3 oral<br/>solution</i>                              | T1        |                                                                                                                                                                                                    |
| <i>cytra-k oral<br/>solution</i>                              | T1        |                                                                                                                                                                                                    |

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| Drug Name                                                          | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------|-----------|-------------------------|
| <i>dabigatran etexilate oral capsule</i>                           | T1        | MM                      |
| <i>dalfampridine oral tablet extended release 12 hr</i>            | T1        | PA; SP; MM; LA          |
| DALIRESP ORAL TABLET                                               | T3        | BP; MM                  |
| <i>danazol oral capsule</i>                                        | T1        |                         |
| DANTRIUM ORAL CAPSULE 25 MG                                        | T2        | BP; MM                  |
| <i>dantrolene oral capsule</i>                                     | T1        | MM                      |
| DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR | EXC       | MM                      |
| DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET                              | EXC       | MM                      |
| <i>dapsone oral tablet</i>                                         | T1        | MM                      |
| <i>dapsone topical gel</i>                                         | T3        |                         |
| <i>dapsone topical gel with pump</i>                               | T3        |                         |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION            | T2        |                         |
| DARAPRIM ORAL TABLET                                               | T2        | PA; SP; BP              |
| <i>darifenacin oral tablet extended release 24 hr</i>              | T1        | MM                      |
| DARTISLA ORAL TABLET, DISINTEGRATING                               | T3        | PA; MM; QL              |
| <i>darunavir oral tablet 600 mg</i>                                | T1        | MM                      |
| <i>darunavir oral tablet 800 mg</i>                                | T3        | MM                      |

| Drug Name                                      | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------|-----------|-------------------------|
| <i>dasetta 1/35 (28) oral tablet</i>           | T1        | MM                      |
| <i>dasetta 7/7/7 (28) oral tablet</i>          | T1        | MM                      |
| DAURISMO ORAL TABLET                           | T2        | PA; SP; MM; QL; LA      |
| DAYBUE ORAL SOLUTION                           | T3        | PA; SP; MM; QL          |
| DAYPRO ORAL TABLET                             | T2        | BP; MM                  |
| <i>daysee oral tablets, dose pack, 3 month</i> | T1        | MM                      |
| DAYTRANA TRANSDERMAL PATCH 24 HOUR             | T3        | BP; MM                  |
| DAYVIGO ORAL TABLET                            | T2        | PA; QL                  |
| DDAVP ORAL TABLET                              | T2        | BP; MM                  |
| <i>deblitane oral tablet</i>                   | T1        | MM                      |
| <i>deferasirox oral granules in packet</i>     | T1        | SP; MM; LA              |
| <i>deferasirox oral tablet</i>                 | T1        | SP; MM; LA              |
| <i>deferasirox oral tablet, dispersible</i>    | T1        | SP; MM; LA              |
| <i>deferiprone oral tablet 1,000 mg</i>        | T2        | PA; SP; MM; QL          |
| <i>deferiprone oral tablet 500 mg</i>          | T2        | PA; SP; MM              |
| <i>deflazacort oral tablet</i>                 | T3        | PA; SP; MM              |
| DELESTROGEN INTRAMUSCULAR OIL                  | T2        | BP; MM                  |
| DELSTRIGO ORAL TABLET                          | T2        | MM                      |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)   | T2        | BP; MM                  |
| <i>demeclocycline oral tablet</i>              | T1        |                         |

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| Drug Name                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------|-----------|-------------------------|
| DEMSEER ORAL CAPSULE                                       | T2        | BP; MM                  |
| DENAVIR TOPICAL CREAM                                      | T2        | BP                      |
| DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | EXC       |                         |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR             | T2        | BP; MM                  |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)              | T2        | BP; MM                  |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED RELEASE SPRINKLE  | T2        | BP; MM                  |
| DEPEN TITRATABS ORAL TABLET                                | T2        | PA; BP; MM              |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL                           | T2        | MM                      |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML        | EXC       |                         |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML            | T2        | BP; MM                  |
| DEPO-PROVERA INTRAMUSCULAR SYRINGE                         | T2        | BP; MM                  |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE                 | T2        | MM                      |

| Drug Name                                                          | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------|-----------|-------------------------|
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML                      | T2        | MM                      |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML                      | T2        | BP; MM                  |
| <i>dermacinrx lidocan topical adhesive patch, medicated</i>        | EXC       |                         |
| DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL                             | T2        | BP                      |
| DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL                              | T2        | BP                      |
| DERMOTIC OIL OTIC (EAR) DROPS                                      | T2        | BP                      |
| DESCOVY ORAL TABLET                                                | T2        | MM                      |
| <i>desipramine oral tablet</i>                                     | T1        | MM                      |
| <i>desloratadine oral tablet</i>                                   | EXC       | MM                      |
| <i>desloratadine oral tablet, disintegrating</i>                   | EXC       | MM                      |
| <i>desmopressin injection solution</i>                             | T2        | SP                      |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | T1        | MM                      |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)       | T2        | MM                      |
| <i>desmopressin oral tablet</i>                                    | T1        | MM                      |

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| Drug Name                                                                      | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------|-----------|-------------------------|
| <i>desog-<br/>e.estradiol/e.estra<br/>diol oral tablet</i>                     | T1        | MM                      |
| <i>desonide topical<br/>cream</i>                                              | T1        |                         |
| <i>desonide topical<br/>gel</i>                                                | T3        |                         |
| <i>desonide topical<br/>lotion</i>                                             | T1        |                         |
| <i>desonide topical<br/>ointment</i>                                           | T1        |                         |
| <i>desoximetasone<br/>topical cream</i>                                        | T3        |                         |
| <i>desoximetasone<br/>topical gel</i>                                          | T3        |                         |
| <i>desoximetasone<br/>topical ointment</i>                                     | T3        |                         |
| <i>desoximetasone<br/>topical spray,non-<br/>aerosol</i>                       | T3        |                         |
| DESOXYN ORAL<br>TABLET                                                         | T2        | BP; MM                  |
| DESVENLAFAXIN<br>E ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR                    | T3        | MM                      |
| <i>desvenlafaxine<br/>succinate oral<br/>tablet extended<br/>release 24 hr</i> | T1        | MM                      |
| DETROL LA<br>ORAL<br>CAPSULE,EXTEN<br>DED RELEASE<br>24HR                      | T2        | BP; MM                  |
| DETROL ORAL<br>TABLET 2 MG                                                     | T2        | BP; MM                  |
| <i>dexabliss oral<br/>tablets,dose pack</i>                                    | EXC       |                         |
| <i>dexamethasone<br/>intensol oral drops</i>                                   | T2        |                         |
| <i>dexamethasone<br/>oral elixir</i>                                           | T1        |                         |
| <i>dexamethasone<br/>oral solution</i>                                         | T1        |                         |

| Drug Name                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------|-----------|-------------------------|
| <i>dexamethasone<br/>oral tablet</i>                                     | T1        |                         |
| <i>dexamethasone<br/>oral tablets,dose<br/>pack</i>                      | EXC       |                         |
| <i>dexamethasone<br/>sodium phosphate<br/>injection solution</i>         | T2        |                         |
| <i>dexamethasone<br/>sodium phosphate<br/>ophthalmic (eye)<br/>drops</i> | T1        |                         |
| <i>dexchlorphenirami<br/>ne maleate oral<br/>solution</i>                | T3        | PA                      |
| DEXCOM G6<br>RECEIVER                                                    | T2        | ST; MM; QL              |
| DEXCOM G6<br>SENSOR DEVICE                                               | T2        | ST; MM; QL              |
| DEXCOM G6<br>TRANSMITTER<br>DEVICE                                       | T2        | ST; MM; QL              |
| DEXCOM G7<br>RECEIVER                                                    | T2        | ST; MM; QL              |
| DEXCOM G7<br>SENSOR DEVICE                                               | T2        | ST; MM; QL              |
| DEXEDRINE<br>SPANSULE<br>ORAL CAPSULE,<br>EXTENDED<br>RELEASE 10 MG      | T2        | BP; MM                  |
| DEXILANT ORAL<br>CAPSULE,BIPHA<br>SE DELAYED<br>RELEAS                   | T3        | PA; BP; MM              |
| <i>dexlansoprazole<br/>oral<br/>capsule,biphase<br/>delayed releas</i>   | T3        | PA; MM                  |
| <i>dexmethylphenida<br/>te oral capsule,er<br/>biphasic 50-50</i>        | T1        | MM                      |
| <i>dexmethylphenida<br/>te oral tablet</i>                               | T1        | MM                      |

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| Drug Name                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------|-----------|-------------------------|
| DEXTENZA INTRACANALICULAR INSERT                                         | EXC       |                         |
| <i>dextroamphetamine sulfate oral capsule, extended release</i>          | T1        | MM                      |
| <i>dextroamphetamine sulfate oral solution</i>                           | T3        | MM                      |
| <i>dextroamphetamine sulfate oral tablet</i>                             | T1        | MM                      |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>    | T3        | MM                      |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i> | T1        | MM                      |
| <i>dextroamphetamine-amphetamine oral tablet</i>                         | T1        | MM                      |
| DHIVY ORAL TABLET                                                        | EXC       | MM                      |
| DIACOMIT ORAL CAPSULE                                                    | T2        | PA; SP; MM; QL          |
| DIACOMIT ORAL POWDER IN PACKET                                           | T2        | PA; SP; MM; QL          |
| <i>dialyvite 800 oral tablet</i>                                         | T1        | MM                      |
| DIATRUE PLUS BLOOD GLUCOSE MET                                           | EXC       | MM; QL                  |
| DIATRUE PLUS TEST STRIP STRIP                                            | EXC       | PA; MM                  |
| <i>diazepam intensol oral concentrate</i>                                | T1        |                         |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                        | T1        |                         |

| Drug Name                                                     | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------|-----------|-------------------------|
| <i>diazepam oral tablet</i>                                   | T1        |                         |
| <i>diazepam rectal kit</i>                                    | T1        |                         |
| <i>diazoxide oral suspension</i>                              | T1        | MM                      |
| DIBENZYLINE ORAL CAPSULE                                      | T2        | BP                      |
| <i>dichlorphenamide oral tablet</i>                           | T3        | PA; SP; MM              |
| DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC)                 | EXC       | BP                      |
| DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR                | T3        |                         |
| <i>diclofenac potassium oral capsule</i>                      | EXC       |                         |
| <i>diclofenac potassium oral powder in packet</i>             | T3        |                         |
| <i>diclofenac potassium oral tablet 25 mg</i>                 | EXC       |                         |
| <i>diclofenac potassium oral tablet 50 mg</i>                 | EXC       | MM                      |
| <i>diclofenac sodium ophthalmic (eye) drops</i>               | T1        |                         |
| <i>diclofenac sodium oral tablet extended release 24 hr</i>   | T1        | MM                      |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> | T1        | MM                      |
| <i>diclofenac sodium topical drops</i>                        | T3        |                         |
| <i>diclofenac sodium topical gel 3 %</i>                      | T3        |                         |

| Drug Name                                                             | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------|-----------|-------------------------|
| <i>diclofenac sodium topical solution in metered-dose pump</i>        | EXC       |                         |
| DICLOFENAC SUBMICRONIZED ORAL CAPSULE                                 | EXC       | MM                      |
| <i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic</i>    | T1        | MM                      |
| <i>dicloxacillin oral capsule</i>                                     | T1        |                         |
| <i>dicyclomine oral capsule</i>                                       | T1        | MM                      |
| <i>dicyclomine oral solution</i>                                      | T1        | MM                      |
| <i>dicyclomine oral tablet</i>                                        | T1        | MM                      |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | T3        | MM                      |
| <i>diethylpropion oral tablet</i>                                     | T3        |                         |
| <i>diethylpropion oral tablet extended release</i>                    | T3        |                         |
| DIFFERIN TOPICAL CREAM                                                | T2        | BP                      |
| DIFFERIN TOPICAL GEL WITH PUMP                                        | T2        | BP                      |
| DIFFERIN TOPICAL LOTION                                               | T3        |                         |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION                            | T3        | PA; QL                  |
| DIFICID ORAL TABLET                                                   | T2        | PA; QL                  |
| <i>diflorasone topical cream</i>                                      | T3        |                         |

| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| <i>diflorasone topical ointment</i>                              | T3        |                         |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML             | T2        | BP                      |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG                              | T2        | BP                      |
| <i>diflunisal oral tablet</i>                                    | T1        | MM                      |
| <i>difluprednate ophthalmic (eye) drops</i>                      | T2        |                         |
| <i>digoxin oral solution</i>                                     | T1        | MM                      |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | T1        | MM                      |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>                  | T3        | MM                      |
| <i>dihydroergotamine injection solution</i>                      | T2        | QL                      |
| <i>dihydroergotamine nasal spray, non-aerosol</i>                | T2        | QL                      |
| DILANTIN EXTENDED ORAL CAPSULE                                   | T2        | BP; MM                  |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE                          | T2        | BP; MM                  |
| DILANTIN ORAL CAPSULE                                            | T2        | MM                      |
| DILANTIN-125 ORAL SUSPENSION                                     | T2        | BP; MM                  |
| DILAUDID ORAL LIQUID                                             | T2        | PA; BP; QL              |
| DILAUDID ORAL TABLET                                             | T2        | PA; BP; QL              |

| Drug Name                                                                                       | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>                                        | T1        | MM                      |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i>                                        | T1        | MM                      |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | T1        | MM                      |
| <i>diltiazem hcl oral capsule,extended release 24hr</i>                                         | T1        | MM                      |
| <i>diltiazem hcl oral tablet</i>                                                                | T1        | MM                      |
| <i>diltiazem hcl oral tablet extended release 24 hr</i>                                         | T1        | MM                      |
| <i>dilt-xr oral capsule,ext.rel 24h degradable</i>                                              | T1        | MM                      |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>           | T1        | SP; QL; LA              |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg</i>                     | T1        | SP; MM; QL; LA          |
| DIOVAN HCT ORAL TABLET                                                                          | T2        | BP; MM                  |
| DIOVAN ORAL TABLET                                                                              | T2        | BP; MM                  |
| DIPENTUM ORAL CAPSULE                                                                           | EXC       | MM                      |
| <i>diphenoxylate-atropine oral liquid</i>                                                       | T2        |                         |
| <i>diphenoxylate-atropine oral tablet</i>                                                       | T1        |                         |

| Drug Name                                             | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------|-----------|-------------------------|
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT                | T2        | BP                      |
| <i>dipyridamole oral tablet</i>                       | T1        | MM                      |
| DISALCID ORAL TABLET                                  | T2        | BP; MM                  |
| <i>diskets oral tablet,soluble</i>                    | T3        | QL                      |
| <i>disopyramide phosphate oral capsule</i>            | T1        | MM                      |
| <i>disulfiram oral tablet</i>                         | T1        | MM                      |
| DIURIL ORAL SUSPENSION                                | T2        | MM                      |
| <i>divalproex oral capsule, delayed rel sprinkle</i>  | T1        | MM                      |
| <i>divalproex oral tablet extended release 24 hr</i>  | T1        | MM                      |
| <i>divalproex oral tablet,delayed release (dr/ec)</i> | T1        | MM                      |
| DIVIGEL TRANSDERMAL GEL IN PACKET                     | T2        | BP; MM                  |
| <i>dodex injection solution</i>                       | EXC       | MM                      |
| <i>dofetilide oral capsule</i>                        | T1        | MM                      |
| DOJOLVI ORAL LIQUID                                   | T2        | PA; SP; MM              |
| <i>dolishale oral tablet</i>                          | T1        | MM                      |
| <i>donepezil oral tablet 10 mg, 5 mg</i>              | T1        | MM                      |
| <i>donepezil oral tablet 23 mg</i>                    | T3        | MM                      |
| <i>donepezil oral tablet,disintegrating</i>           | T3        | MM                      |

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| Drug Name                                                                 | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------|-----------|-------------------------|
| DONNATAL<br>ORAL ELIXIR<br>16.2-0.1037 -<br>0.0194 MG/5 ML                | T2        | BP; MM                  |
| DONNATAL<br>ORAL TABLET                                                   | T2        | MM                      |
| DOPTLET (15<br>TAB PACK) ORAL<br>TABLET                                   | T2        | PA; SP; QL              |
| DORAL ORAL<br>TABLET                                                      | T3        |                         |
| DORYX MPC<br>ORAL<br>TABLET, DELAYE<br>D RELEASE<br>(DR/EC) 60 MG         | EXC       |                         |
| DORYX ORAL<br>TABLET, DELAYE<br>D RELEASE<br>(DR/EC) 200 MG               | EXC       | BP                      |
| DORYX ORAL<br>TABLET, DELAYE<br>D RELEASE<br>(DR/EC) 80 MG                | EXC       |                         |
| DORZOLAMIDE<br>(PF)<br>OPHTHALMIC<br>(EYE) DROPS                          | T2        | MM                      |
| <i>dorzolamide<br/>ophthalmic (eye)<br/>drops</i>                         | T1        | MM                      |
| <i>dorzolamide-<br/>timolol (pf)<br/>ophthalmic (eye)<br/>dropperette</i> | T1        | MM                      |
| <i>dorzolamide-<br/>timolol ophthalmic<br/>(eye) drops</i>                | T1        | MM                      |
| <i>dotti transdermal<br/>patch semiweekly</i>                             | T1        | MM                      |
| DOVATO ORAL<br>TABLET                                                     | T2        | MM                      |
| <i>doxazosin oral<br/>tablet</i>                                          | T1        | MM                      |
| <i>doxepin oral<br/>capsule</i>                                           | T1        | MM                      |

| Drug Name                                                                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>doxepin oral<br/>concentrate</i>                                                                                          | T1        | MM                      |
| <i>doxepin oral tablet</i>                                                                                                   | EXC       |                         |
| <i>doxepin topical<br/>cream</i>                                                                                             | T1        |                         |
| <i>doxercalciferol<br/>oral capsule</i>                                                                                      | T1        | MM                      |
| <i>doxycycline<br/>hyclate oral<br/>capsule</i>                                                                              | T1        |                         |
| <i>doxycycline<br/>hyclate oral tablet<br/>100 mg, 20 mg</i>                                                                 | T1        |                         |
| <i>doxycycline<br/>hyclate oral tablet<br/>150 mg, 50 mg,<br/>75 mg</i>                                                      | EXC       |                         |
| <i>doxycycline<br/>hyclate oral<br/>tablet, delayed<br/>release (drlec)<br/>100 mg, 150 mg,<br/>200 mg, 50 mg,<br/>75 mg</i> | EXC       |                         |
| DOXYCYCLINE<br>HYCLATE ORAL<br>TABLET, DELAYE<br>D RELEASE<br>(DR/EC) 80 MG                                                  | EXC       |                         |
| <i>doxycycline<br/>monohydrate oral<br/>capsule 100 mg,<br/>50 mg</i>                                                        | T1        |                         |
| <i>doxycycline<br/>monohydrate oral<br/>capsule 150 mg,<br/>75 mg</i>                                                        | EXC       |                         |
| <i>doxycycline<br/>monohydrate oral<br/>capsule, ir - delay<br/>rel, biphasic</i>                                            | EXC       |                         |
| <i>doxycycline<br/>monohydrate oral<br/>suspension for<br/>reconstitution</i>                                                | T1        |                         |

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| Drug Name                                                                  | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------|-----------|-------------------------|
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>                   | T1        |                         |
| <i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>                   | EXC       |                         |
| <i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i> | EXC       |                         |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE                       | T3        | MM                      |
| <i>dronabinol oral capsule</i>                                             | T1        |                         |
| <i>drospirenone-<br/>e.estradiol-1m.fa oral tablet</i>                     | T1        | MM                      |
| <i>drospirenone-ethinyl estradiol oral tablet</i>                          | T1        | MM                      |
| DROXIA ORAL CAPSULE                                                        | T2        | MM                      |
| <i>droxidopa oral capsule</i>                                              | T1        | SP; MM                  |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION                                        | T2        |                         |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED                 | T3        | PA; MM                  |
| DUAVEE ORAL TABLET                                                         | T2        | MM                      |
| DUET DHA WITH OMEGA-3 ORAL COMBO PACK                                      | T2        | MM                      |
| DUETACT ORAL TABLET                                                        | T3        | BP; MM                  |
| DUEXIS ORAL TABLET                                                         | EXC       | BP; MM                  |

| Drug Name                                                          | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------|-----------|-------------------------|
| <i>dulcolax (magnesium hydroxide) oral suspension</i>              | T1        |                         |
| DULERA INHALATION HFA AEROSOL INHALER                              | T2        | MM                      |
| <i>duloxetine oral capsule, delayed release(dr/ec)</i>             | T1        | MM                      |
| DUOBRII TOPICAL LOTION                                             | EXC       |                         |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION                            | T2        | PA; SP; MM              |
| DUPIXENT PEN SUBCUTANEOU S PEN INJECTOR                            | T2        | PA; SP; MM; QL; LA      |
| DUPIXENT SYRINGE SUBCUTANEOU S SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | T2        | PA; SP; MM; QL; LA      |
| DUREX AVANTI BARE REAL FEEL                                        | EXC       |                         |
| DUREX EXTRA SENSITIVE CONDOM DEVICE                                | EXC       |                         |
| DUREZOL OPHTHALMIC (EYE) DROPS                                     | T2        | BP                      |
| <i>dutasteride oral capsule</i>                                    | T1        | MM                      |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>    | T3        | MM                      |
| DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR                   | T3        | PA; MM                  |

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| Drug Name                                                         | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------|-----------|----------------------|
| DYANA VEL XR<br>ORAL TABLET,<br>IR - ER,<br>BIPHASIC 24HR         | T3        | PA; MM; QL           |
| DYMISTA NASAL<br>SPRAY, NON-<br>AEROSOL                           | EXC       | BP                   |
| DYRENIUM<br>ORAL CAPSULE                                          | T2        | BP; MM               |
| <i>e.e.s. 400 oral<br/>tablet</i>                                 | T2        |                      |
| E.E.S.<br>GRANULES<br>ORAL<br>SUSPENSION<br>FOR<br>RECONSTITUTION | T2        | BP                   |
| EASIVENT<br>HOLDING<br>CHAMBER<br>SPACER                          | T3        |                      |
| EASY PLUS II<br>TEST STRIP                                        | EXC       | PA; MM               |
| EASY STEP<br>BLOOD<br>GLUCOSE<br>METER                            | EXC       | MM; QL               |
| EASY STEP<br>STRIP                                                | EXC       | PA; MM               |
| EASY TALK<br>GLUCOSE TEST<br>STRIP                                | EXC       | PA; MM               |
| EASY TALK<br>PLUS II TEST<br>STRIP STRIP                          | EXC       | PA; MM               |
| EASY TOUCH<br>BLULINK GLUC<br>SYST                                | EXC       | MM; QL               |
| EASY TOUCH<br>BLULINK TEST<br>STRIP STRIP                         | EXC       | PA; MM               |
| EASY TOUCH<br>GLUCOSE<br>MONITOR                                  | EXC       | MM; QL               |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|----------------------|
| EASY TOUCH<br>TEST STRIP<br>STRIP                                            | EXC       | PA; MM               |
| EASY TRAK<br>GLUCOSE TEST<br>STRIP                                           | EXC       | PA; MM               |
| EASY TRAK II<br>BLOOD<br>GLUCOSE MTR                                         | EXC       | MM; QL               |
| EASY TRAK II<br>TEST STRIP<br>STRIP                                          | EXC       | PA; MM               |
| EASYGLUCO<br>MONITORING<br>SYSTEM KIT                                        | T2        | MM; QL               |
| EASYGLUCO<br>TEST STRIP                                                      | EXC       | PA; MM               |
| EASYMAX NG<br>KIT                                                            | EXC       | MM; QL               |
| EASYMAX STRIP                                                                | EXC       | PA; MM               |
| EASYMAX V<br>SPEAKING<br>GLUCOSE SYS                                         | EXC       | MM; QL               |
| EC-NAPROSYN<br>ORAL<br>TABLET, DELAYE<br>D RELEASE<br>(DR/EC)                | T2        | BP; MM               |
| <i>econazole topical<br/>cream</i>                                           | T1        |                      |
| <i>econtra ez oral<br/>tablet</i>                                            | T1        |                      |
| <i>econtra one-step<br/>oral tablet</i>                                      | T1        |                      |
| <i>ecotrin low<br/>strength oral<br/>tablet, delayed<br/>release (dr/ec)</i> | T1        | MM                   |
| ECOZA TOPICAL<br>FOAM                                                        | T3        |                      |
| EDARBI ORAL<br>TABLET                                                        | T3        | PA; MM               |
| EDARBYCLOR<br>ORAL TABLET                                                    | T3        | MM                   |
| EDECRIN ORAL<br>TABLET                                                       | T2        | BP; MM               |

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| Drug Name                                                             | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------|-----------|-------------------------|
| EDEX INTRACAVERNO SAL KIT                                             | T2        | MM; QL                  |
| EDLUAR SUBLINGUAL TABLET                                              | EXC       |                         |
| <i>ed-spaz oral tablet, disintegrating</i>                            | T1        | MM                      |
| EDURANT ORAL TABLET                                                   | T2        | MM                      |
| <i>eemt hs oral tablet</i>                                            | T3        | MM                      |
| <i>eemt oral tablet</i>                                               | T3        | MM                      |
| <i>efavirenz oral capsule</i>                                         | T1        | MM                      |
| <i>efavirenz oral tablet</i>                                          | T1        | MM                      |
| <i>efavirenz-emtricitabine-tenofovir oral tablet</i>                  | T3        | MM                      |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i> | T1        | MM                      |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ                              | EXC       | MM                      |
| EFFER-K ORAL TABLET, EFFERVESCENT 20 MEQ                              | T3        | MM                      |
| <i>effer-k oral tablet, effervescent 25 meq</i>                       | T3        | MM                      |
| EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR                        | T2        | BP; MM                  |
| EFFIENT ORAL TABLET                                                   | T2        | PA; BP; MM              |
| EFUDEX TOPICAL CREAM                                                  | T2        | BP                      |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN                                    | EXC       | SP; MM                  |

| Drug Name                                     | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------|-----------|-------------------------|
| ELEMENT COMPACT GLUCOSE METER                 | EXC       | MM; QL                  |
| ELEMENT COMPACT TEST STRIPS STRIP             | EXC       | PA; MM                  |
| ELEMENT COMPACT V GLUCOSE MTR                 | EXC       | MM; QL                  |
| ELEMENT PLUS BLOOD GLUCOSE KIT KIT            | EXC       | MM; QL                  |
| ELEMENT TEST STRIPS STRIP                     | EXC       | PA; MM                  |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR | T3        | MM                      |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP | T2        | MM                      |
| <i>eletriptan oral tablet</i>                 | T1        | QL                      |
| ELIDEL TOPICAL CREAM                          | T1        | BP                      |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE        | T2        | SP; MM                  |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE        | T2        | SP; MM                  |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE        | T2        | SP; MM                  |
| ELIGARD SUBCUTANEOUS SYRINGE                  | T2        | SP; MM                  |
| ELIMITE TOPICAL CREAM                         | T2        | BP                      |
| <i>elinest oral tablet</i>                    | T1        | MM                      |

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| Drug Name                                             | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------|-----------|-------------------------|
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK | T2        |                         |
| ELIQUIS ORAL TABLET                                   | T2        | MM                      |
| ELIXOPHYLLIN ORAL ELIXIR                              | T2        | MM                      |
| ELLA ORAL TABLET                                      | T2        |                         |
| ELMIRON ORAL CAPSULE                                  | T2        |                         |
| ELOCTATE INTRAVENOUS RECON SOLN                       | T2        | SP; MM; LA              |
| <i>eluryng vaginal ring</i>                           | T1        | MM                      |
| ELYXYB ORAL SOLUTION                                  | EXC       |                         |
| EMBRACE BLOOD GLUCOSE SYSTEM                          | EXC       | MM; QL                  |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP                    | EXC       | PA; MM                  |
| EMBRACE EVO TEST STRIPS STRIP                         | EXC       | PA; MM                  |
| EMBRACE PRO GLUCOSE METER                             | EXC       | MM; QL                  |
| EMBRACE PRO TEST STRIPS STRIP                         | EXC       | PA; MM                  |
| EMBRACE TALK BLOOD GLUCOSE SYS KIT                    | EXC       | MM; QL                  |
| EMBRACE TALK TEST STRIPS STRIP                        | EXC       | PA; MM                  |

| Drug Name                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------|-----------|-------------------------|
| EMBRACE WAVE PLUS GLUCOSE MTR                                     | EXC       | MM; QL                  |
| EMCYT ORAL CAPSULE                                                | T3        | PA                      |
| EMEND ORAL CAPSULE 80 MG                                          | T2        | BP; QL                  |
| EMEND ORAL CAPSULE,DOSE PACK                                      | T2        | BP; QL                  |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION                          | T2        | QL                      |
| EMFLAZA ORAL SUSPENSION                                           | T3        | PA; SP; MM              |
| EMFLAZA ORAL TABLET                                               | T3        | PA; SP; BP; MM          |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR                            | T2        | PA; MM; QL              |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML                   | T2        | PA; MM; QL              |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | T2        | PA; QL                  |
| EMSAM TRANSDERMAL PATCH 24 HOUR                                   | T2        | MM                      |
| <i>emtricitabine oral capsule</i>                                 | T1        | MM                      |
| <i>emtricitabine-tenofovir (tdf) oral tablet</i>                  | T1        | MM                      |
| EMTRIVA ORAL CAPSULE                                              | T2        | BP; MM                  |
| EMTRIVA ORAL SOLUTION                                             | T3        | MM                      |

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| Drug Name                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------|-----------|-------------------------|
| EMVERM ORAL<br>TABLET,CHEWA<br>BLE                         | T2        |                         |
| <i>emzahh oral tablet</i>                                  | T1        | MM                      |
| <i>enalapril maleate<br/>oral solution</i>                 | T2        | MM                      |
| <i>enalapril maleate<br/>oral tablet</i>                   | T1        | MM                      |
| <i>enalapril-<br/>hydrochlorothiazid<br/>e oral tablet</i> | T1        | MM                      |
| ENBREL MINI<br>SUBCUTANEOU<br>S CARTRIDGE                  | T2        | PA; SP; MM;<br>QL; LA   |
| ENBREL<br>SUBCUTANEOU<br>S SOLUTION                        | T2        | PA; SP; MM;<br>QL; LA   |
| ENBREL<br>SUBCUTANEOU<br>S SYRINGE                         | T2        | PA; SP; MM;<br>QL; LA   |
| ENBREL<br>SURECLICK<br>SUBCUTANEOU<br>S PEN INJECTOR       | T2        | PA; SP; MM;<br>QL; LA   |
| ENDARI ORAL<br>POWDER IN<br>PACKET                         | T2        | SP; MM                  |
| <i>endocet oral tablet</i>                                 | T1        | PA; QL                  |
| ENDOMETRIN<br>VAGINAL INSERT                               | T3        | SP                      |
| ENERIX-B (PF)<br>INTRAMUSCULA<br>R SUSPENSION              | T2        |                         |
| ENERIX-B (PF)<br>INTRAMUSCULA<br>R SYRINGE                 | T2        |                         |
| ENERIX-B<br>PEDIATRIC (PF)<br>INTRAMUSCULA<br>R SYRINGE    | T2        |                         |
| <i>enilloring vaginal<br/>ring</i>                         | T1        | MM                      |
| <i>enoxaparin<br/>subcutaneous<br/>solution</i>            | T2        | SP                      |

| Drug Name                                              | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------|-----------|-------------------------|
| <i>enoxaparin<br/>subcutaneous<br/>syringe</i>         | T2        | SP                      |
| <i>enpresse oral<br/>tablet</i>                        | T1        | MM                      |
| <i>enskyce oral<br/>tablet</i>                         | T1        | MM                      |
| ENSPRYNG<br>SUBCUTANEOU<br>S SYRINGE                   | T2        | PA; SP; MM; LA          |
| ENSTILAR<br>TOPICAL FOAM                               | T3        |                         |
| <i>entacapone oral<br/>tablet</i>                      | T1        | MM                      |
| ENTADFI ORAL<br>CAPSULE                                | T3        | PA; QL                  |
| <i>entecavir oral<br/>tablet</i>                       | T1        | MM                      |
| ENTRESTO<br>ORAL TABLET                                | T2        | MM; QL                  |
| ENTYVIO PEN<br>SUBCUTANEOU<br>S PEN INJECTOR           | T3        | PA; SP; MM; LA          |
| <i>enulose oral<br/>solution</i>                       | T1        | MM                      |
| ENVARUS XR<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR | T2        | PA; MM                  |
| EOHILIA ORAL<br>SUSPENSION IN<br>PACKET                | T3        | PA; QL                  |
| EPANED ORAL<br>SOLUTION                                | T2        | BP; MM                  |
| EPCLUSA ORAL<br>PELLETS IN<br>PACKET                   | EXC       | PA; SP; LA              |
| EPCLUSA ORAL<br>TABLET                                 | T2        | PA; SP; LA              |
| EPIDIOLEX ORAL<br>SOLUTION                             | T2        | PA; SP; MM; LA          |
| EPIDUO FORTE<br>TOPICAL GEL<br>WITH PUMP               | EXC       | BP                      |
| EPIFOAM<br>TOPICAL FOAM                                | T2        |                         |

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| Drug Name                                                                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>epinastine ophthalmic (eye) drops</i>                                                                                | T3        |                         |
| <i>epinephrine hcl nasal solution</i>                                                                                   | EXC       |                         |
| <i>epitol oral tablet</i>                                                                                               | T1        | MM                      |
| EPIVIR ORAL SOLUTION                                                                                                    | T2        | BP; MM                  |
| EPIVIR ORAL TABLET                                                                                                      | T2        | BP; MM                  |
| <i>eplerenone oral tablet</i>                                                                                           | T1        | MM                      |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | EXC       | SP; MM                  |
| EPRONTIA ORAL SOLUTION                                                                                                  | T2        | PA; MM                  |
| <i>eprosartan oral tablet</i>                                                                                           | T3        | MM                      |
| EPSOLAY TOPICAL CREAM                                                                                                   | EXC       |                         |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR                                                                               | T3        | MM                      |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>                                                 | T1        | MM                      |
| <i>ergoloid oral tablet</i>                                                                                             | T1        | MM                      |
| ERGOMAR SUBLINGUAL TABLET                                                                                               | T2        |                         |
| <i>ergotamine-caffeine oral tablet</i>                                                                                  | T1        |                         |
| ERIVEDGE ORAL CAPSULE                                                                                                   | T2        | PA; SP; MM; QL; LA      |
| ERLEADA ORAL TABLET                                                                                                     | T2        | PA; SP; MM; QL; LA      |

| Drug Name                                                             | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------|-----------|-------------------------|
| <i>erlotinib oral tablet</i>                                          | T1        | PA; SP; MM; QL; LA      |
| ERMEZA ORAL SOLUTION                                                  | T3        | PA; MM                  |
| <i>errin oral tablet</i>                                              | T1        | MM                      |
| ERTACZO TOPICAL CREAM                                                 | T3        |                         |
| <i>ery pads topical swab</i>                                          | T1        |                         |
| <i>erygel topical gel</i>                                             | T2        |                         |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION                         | T2        | BP                      |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION                         | T2        | BP                      |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>    | T1        |                         |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG                   | T1        | BP                      |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                    | T2        |                         |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | T1        |                         |
| <i>erythromycin ethylsuccinate oral tablet</i>                        | T2        |                         |
| <i>erythromycin ophthalmic (eye) ointment</i>                         | T1        |                         |
| <i>erythromycin oral capsule, delayed release (dr/ec)</i>             | T1        |                         |

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| Drug Name                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------|-----------|-------------------------|
| <i>erythromycin oral tablet</i>                                   | T1        |                         |
| <i>erythromycin oral tablet, delayed release (dr/ec)</i>          | T1        |                         |
| <i>erythromycin with ethanol topical gel</i>                      | T1        |                         |
| <i>erythromycin with ethanol topical solution</i>                 | T1        |                         |
| <i>erythromycin-benzoyl peroxide topical gel</i>                  | T1        |                         |
| ESBRIET ORAL CAPSULE                                              | T2        | PA; SP; BP; MM; QL; LA  |
| ESBRIET ORAL TABLET                                               | T2        | PA; SP; BP; MM; QL; LA  |
| <i>escitalopram oxalate oral solution</i>                         | T1        | MM                      |
| <i>escitalopram oxalate oral tablet</i>                           | T1        | MM                      |
| ESGIC ORAL CAPSULE                                                | T3        | BP                      |
| ESGIC ORAL TABLET                                                 | T3        | BP                      |
| <i>esomeprazole magnesium oral granules dr for susp in packet</i> | T1        | MM                      |
| ESPEROCT INTRAVENOUS RECON SOLN                                   | T2        | SP; MM                  |
| <i>estarylla oral tablet</i>                                      | T1        | MM                      |
| <i>estazolam oral tablet</i>                                      | T1        |                         |
| ESTRACE ORAL TABLET                                               | T2        | BP; MM                  |
| ESTRACE VAGINAL CREAM                                             | T2        | BP; MM                  |
| <i>estradiol oral tablet</i>                                      | T1        | MM                      |

| Drug Name                                             | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------|-----------|-------------------------|
| <i>estradiol transdermal gel in metered-dose pump</i> | T1        | MM                      |
| <i>estradiol transdermal gel in packet</i>            | T1        | MM                      |
| <i>estradiol transdermal patch semiweekly</i>         | T1        | MM                      |
| <i>estradiol transdermal patch weekly</i>             | T1        | MM                      |
| <i>estradiol vaginal cream</i>                        | T1        | MM                      |
| <i>estradiol vaginal tablet</i>                       | T1        | MM                      |
| <i>estradiol valerate intramuscular oil</i>           | T2        | MM                      |
| <i>estradiol-norethindrone acet oral tablet</i>       | T1        | MM                      |
| ESTRING VAGINAL RING                                  | T2        | MM                      |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP         | T2        | BP; MM                  |
| <i>estrogens-methyltestosterone oral tablet</i>       | T3        | MM                      |
| <i>eszopiclone oral tablet</i>                        | T1        |                         |
| <i>ethacrynic acid oral tablet</i>                    | T1        | MM                      |
| <i>ethambutol oral tablet</i>                         | T1        |                         |
| <i>ethosuximide oral capsule</i>                      | T1        | MM                      |
| <i>ethosuximide oral solution</i>                     | T1        | MM                      |
| <i>ethynodiol diacetate estradiol oral tablet</i>     | T1        | MM                      |

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| Drug Name                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------|-----------|-------------------------|
| <i>etodolac oral capsule</i>                       | T1        | MM                      |
| <i>etodolac oral tablet</i>                        | T1        | MM                      |
| <i>etodolac oral tablet extended release 24 hr</i> | T1        | MM                      |
| <i>etonogestrel-ethinyl estradiol vaginal ring</i> | T1        | MM                      |
| <i>etoposide oral capsule</i>                      | T2        |                         |
| <i>etravirine oral tablet</i>                      | T1        | MM                      |
| EUCRISA TOPICAL OINTMENT                           | T2        | PA                      |
| EULEXIN ORAL CAPSULE                               | EXC       | BP; MM                  |
| EURAX TOPICAL CREAM                                | T3        |                         |
| EURAX TOPICAL LOTION                               | T2        |                         |
| <i>euthyrox oral tablet</i>                        | T1        | MM                      |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL             | T3        | MM                      |
| EVEKEO ORAL TABLET                                 | T3        | BP; MM                  |
| EVENCARE G2                                        | EXC       | MM; QL                  |
| EVENCARE G2 STRIP                                  | EXC       | PA; MM                  |
| EVENCARE G3 GLUCOSE METER KIT                      | EXC       | MM; QL                  |
| EVENCARE G3 TEST STRIP                             | EXC       | PA; MM                  |
| EVENCARE MINI GLUCOSE TEST STRIP                   | EXC       | PA; MM                  |
| EVENCARE MINI MONITOR SYSTEM                       | EXC       | MM; QL                  |

| Drug Name                                                     | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------|-----------|-------------------------|
| EVENCARE PROVIEW TEST STRIP STRIP                             | EXC       | PA; MM                  |
| <i>everolimus (antineoplastic) oral tablet</i>                | T1        | PA; SP; MM; QL; LA      |
| <i>everolimus (antineoplastic) oral tablet for suspension</i> | T2        | PA; SP; MM; QL; LA      |
| <i>everolimus (immunosuppressive) oral tablet</i>             | T1        | PA; MM; LA              |
| EVISTA ORAL TABLET                                            | T2        | BP; MM                  |
| EVOCLIN TOPICAL FOAM                                          | T3        | BP                      |
| EVOLUTION BLOOD GLUCOSE METER KIT                             | EXC       | MM; QL                  |
| EVOLUTION TEST STRIPS STRIP                                   | EXC       | PA; MM                  |
| EVOTAZ ORAL TABLET                                            | T2        | MM                      |
| EVOXAC ORAL CAPSULE                                           | T3        | BP; MM                  |
| EVRYSDI ORAL RECON SOLN                                       | T2        | SP; MM                  |
| EXELDERM TOPICAL CREAM                                        | T3        |                         |
| EXELDERM TOPICAL SOLUTION                                     | T3        |                         |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR                        | T2        | BP; MM                  |
| <i>exemestane oral tablet</i>                                 | T1        | MM                      |
| EXFORGE HCT ORAL TABLET                                       | T3        | BP; MM                  |
| EXFORGE ORAL TABLET                                           | T3        | BP; MM                  |

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| Drug Name                                                             | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------|-----------|----------------------|
| EXJADE ORAL TABLET, DISPERSIBLE                                       | T2        | SP; BP; MM; LA       |
| EXKIVITY ORAL CAPSULE                                                 | T3        | PA; SP; MM; LA       |
| EXSERVAN ORAL FILM                                                    | T3        | PA; SP; MM; QL       |
| EXTINA TOPICAL FOAM                                                   | T3        | BP                   |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION                             | T3        | PA; QL               |
| EZ SMART PLUS SYSTEM KIT                                              | EXC       | MM; QL               |
| EZ SMART PLUS TEST STRIP                                              | EXC       | PA; MM               |
| EZ SMART SYSTEM KIT                                                   | EXC       | MM; QL               |
| EZ SMART TEST STRIP                                                   | EXC       | PA; MM               |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE                               | T3        | PA; MM               |
| <i>ezetimibe oral tablet</i>                                          | T1        | MM                   |
| EZETIMIBE-ROSUVASTATIN ORAL TABLET                                    | EXC       | MM; QL               |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i> | T1        | MM                   |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i>                     | EXC       | MM                   |
| FABHALTA ORAL CAPSULE                                                 | T3        | PA; SP; MM; QL       |
| FABIOR TOPICAL FOAM                                                   | T3        |                      |
| FACTIVE ORAL TABLET                                                   | EXC       |                      |

| Drug Name                                            | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|
| <i>falmina (28) oral tablet</i>                      | T1        | MM                   |
| <i>famciclovir oral tablet</i>                       | T1        | MM                   |
| <i>famotidine oral suspension for reconstitution</i> | T1        | MM                   |
| <i>famotidine oral tablet 40 mg</i>                  | T1        | MM                   |
| FANAPT ORAL TABLET                                   | T3        | PA; MM; QL           |
| FANAPT ORAL TABLETS,DOSE PACK                        | T3        | PA; QL               |
| FARESTON ORAL TABLET                                 | T3        | PA; BP; MM           |
| FARXIGA ORAL TABLET                                  | T2        | PA; MM               |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR               | EXC       | SP; MM               |
| FC2 FEMALE CONDOM                                    | T2        |                      |
| <i>febuxostat oral tablet</i>                        | T1        | MM                   |
| <i>felbamate oral suspension</i>                     | T1        | MM                   |
| <i>felbamate oral tablet</i>                         | T1        | MM                   |
| FELBATOL ORAL TABLET                                 | T2        | BP; MM               |
| FELDENE ORAL CAPSULE                                 | T3        | BP; MM               |
| <i>felodipine oral tablet extended release 24 hr</i> | T1        | MM                   |
| <i>fem ph vaginal gel</i>                            | T3        |                      |
| FEMARA ORAL TABLET                                   | T2        | BP; MM               |
| FEMCAP VAGINAL DEVICE 22 MM                          | T3        |                      |
| FEMRING VAGINAL RING                                 | T3        | MM                   |

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| Drug Name                                                                       | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------|-----------|----------------------|
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | T1        | MM                   |
| FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG                                       | EXC       | MM                   |
| <i>fenofibrate nanocrystallized oral tablet</i>                                 | T1        | MM                   |
| FENOFIBRATE ORAL CAPSULE                                                        | T3        | MM                   |
| <i>fenofibrate oral tablet 120 mg</i>                                           | EXC       | MM                   |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                                    | T1        | MM                   |
| <i>fenofibrate oral tablet 40 mg</i>                                            | T3        | MM                   |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>           | T3        | MM                   |
| <i>fenofibric acid oral tablet</i>                                              | EXC       | MM                   |
| FENOGLIDE ORAL TABLET                                                           | T3        | BP; MM               |
| FENOPROFEN ORAL CAPSULE 200 MG                                                  | T3        | MM                   |
| <i>fenopropfen oral capsule 400 mg</i>                                          | T3        | MM                   |
| <i>fenopropfen oral tablet</i>                                                  | T3        | MM                   |
| FENSOLVI SUBCUTANEOUS SYRINGE                                                   | T3        | PA; SP; MM           |
| <i>fentanyl citrate buccal lozenge on a handle</i>                              | T3        | QL                   |

| Drug Name                                                                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | T1        | PA; QL               |
| <i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>            | EXC       | PA; QL               |
| FENTORA BUCCAL TABLET, EFFERVESCENT                                                              | T2        | QL                   |
| <i>ferocon oral capsule</i>                                                                      | T1        |                      |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE                                          | T3        | PA; SP; MM; QL       |
| FERRIPROX ORAL SOLUTION                                                                          | T3        | PA; SP; MM           |
| FERRIPROX ORAL TABLET 1,000 MG                                                                   | T3        | PA; SP; BP; MM; QL   |
| FERRIPROX ORAL TABLET 500 MG                                                                     | T3        | PA; SP; BP; MM       |
| <i>fesoterodine oral tablet extended release 24 hr</i>                                           | T1        | MM                   |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)                                | T2        | ST                   |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR                                                     | T2        | ST; MM               |
| FEXMID ORAL TABLET                                                                               | EXC       | BP                   |

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| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| FIASP<br>FLEXTOUCH U-<br>100 INSULIN<br>SUBCUTANEOU<br>S INSULIN PEN | T2        | MM                      |
| FIASP PENFILL<br>U-100 INSULIN<br>SUBCUTANEOU<br>S CARTRIDGE         | T2        | MM                      |
| FIASP<br>PUMPCART<br>SUBCUTANEOU<br>S CARTRIDGE                      | T3        | MM                      |
| FIASP U-100<br>INSULIN<br>SUBCUTANEOU<br>S SOLUTION                  | T2        | MM                      |
| FIBRICOR ORAL<br>TABLET                                              | EXC       | BP; MM                  |
| FILSPARI ORAL<br>TABLET                                              | T3        | PA; SP; MM; QL          |
| FINACEA<br>TOPICAL FOAM                                              | T3        |                         |
| <i>finasteride oral<br/>tablet 5 mg</i>                              | T1        | MM                      |
| <i>fingolimod oral<br/>capsule</i>                                   | T1        | SP; MM; QL; LA          |
| FINTEPLA ORAL<br>SOLUTION                                            | T3        | PA; SP; MM              |
| <i>finzala oral<br/>tablet, chewable</i>                             | EXC       | MM                      |
| FIORICET ORAL<br>CAPSULE                                             | T3        | BP                      |
| FIORICET WITH<br>CODEINE ORAL<br>CAPSULE                             | T3        | PA; BP; QL              |
| FIRAZYR<br>SUBCUTANEOU<br>S SYRINGE                                  | T2        | PA; SP; BP; QL;<br>LA   |
| FIRDAPSE ORAL<br>TABLET                                              | T2        | PA; SP; MM;<br>QL; LA   |
| FIRVANQ ORAL<br>RECON SOLN 25<br>MG/ML                               | T2        |                         |

| Drug Name                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------|-----------|-------------------------|
| FIRVANQ ORAL<br>RECON SOLN 50<br>MG/ML                            | T2        | BP                      |
| <i>flac otic oil otic<br/>(ear) drops</i>                         | T3        |                         |
| FLAGYL ORAL<br>CAPSULE                                            | T2        | BP                      |
| FLAREX<br>OPHTHALMIC<br>(EYE)<br>DROPS, SUSPEN<br>SION            | T3        |                         |
| <i>flavoxate oral<br/>tablet</i>                                  | T3        | MM                      |
| <i>flecainide oral<br/>tablet</i>                                 | T1        | MM                      |
| FLECTOR<br>TRANSDERMAL<br>PATCH 12 HOUR                           | T3        |                         |
| FLEQSUVY<br>ORAL<br>SUSPENSION                                    | T2        | PA; BP; MM              |
| FLEXICHAMBER<br>SPACER                                            | T3        |                         |
| FLOLIPID ORAL<br>SUSPENSION                                       | T3        | MM                      |
| FLOMAX ORAL<br>CAPSULE                                            | T2        | BP; MM                  |
| FLUAD QUAD<br>2023-24(65Y<br>UP)(PF)<br>INTRAMUSCULA<br>R SYRINGE | T2        |                         |
| FLUARIX QUAD<br>2023-2024 (PF)<br>INTRAMUSCULA<br>R SYRINGE       | T2        |                         |
| FLUBLOK QUAD<br>2023-2024 (PF)<br>INTRAMUSCULA<br>R SYRINGE       | T2        |                         |
| FLUCELVAX<br>QUAD 2023-2024<br>(PF)<br>INTRAMUSCULA<br>R SYRINGE  | T2        |                         |

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| Drug Name                                                     | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------|-----------|-------------------------|
| FLUCELVAX<br>QUAD 2023-2024<br>INTRAMUSCULAR<br>SUSPENSION    | T2        |                         |
| <i>fluconazole oral<br/>suspension for<br/>reconstitution</i> | T1        |                         |
| <i>fluconazole oral<br/>tablet</i>                            | T1        |                         |
| <i>flucytosine oral<br/>capsule</i>                           | T1        | PA                      |
| <i>fludrocortisone<br/>oral tablet</i>                        | T1        | MM                      |
| FLULAVAL QUAD<br>2023-2024 (PF)<br>INTRAMUSCULAR<br>SYRINGE   | T2        |                         |
| FLUMADINE<br>ORAL TABLET                                      | T2        | BP                      |
| FLUMIST QUAD<br>2023-2024<br>NASAL NASAL<br>SPRAY SYRINGE     | T2        |                         |
| <i>flunisolide nasal<br/>spray,non-aerosol</i>                | EXC       | MM                      |
| <i>fluocinolone<br/>acetone oil otic<br/>(ear) drops</i>      | T1        |                         |
| <i>fluocinolone and<br/>shower cap scalp<br/>oil</i>          | T1        |                         |
| <i>fluocinolone<br/>topical cream</i>                         | T1        |                         |
| <i>fluocinolone<br/>topical oil</i>                           | T1        |                         |
| <i>fluocinolone<br/>topical ointment</i>                      | T1        |                         |
| <i>fluocinolone<br/>topical solution</i>                      | T1        |                         |
| <i>fluocinonide<br/>topical cream 0.05<br/>%</i>              | T1        |                         |
| <i>fluocinonide<br/>topical cream 0.1<br/>%</i>               | T3        |                         |

| Drug Name                                                           | Drug Tier | Requirements/<br>Limits                           |
|---------------------------------------------------------------------|-----------|---------------------------------------------------|
| <i>fluocinonide<br/>topical gel</i>                                 | T1        |                                                   |
| <i>fluocinonide<br/>topical ointment</i>                            | T1        |                                                   |
| <i>fluocinonide<br/>topical solution</i>                            | T1        |                                                   |
| <i>fluocinonide-e<br/>topical cream</i>                             | T1        |                                                   |
| FLUORESCEIN-<br>BENOXINATE<br>OPHTHALMIC<br>(EYE) DROPS             | T3        |                                                   |
| <i>fluorescein-<br/>proparacaine<br/>ophthalmic (eye)<br/>drops</i> | T3        |                                                   |
| <i>fluoride (sodium)<br/>oral drops</i>                             | T1        | MM                                                |
| <i>fluoride (sodium)<br/>oral<br/>tablet, chewable</i>              | T1        | MM                                                |
| <i>fluorometholone<br/>ophthalmic (eye)<br/>drops, suspension</i>   | T1        |                                                   |
| FLUOROPLEX<br>TOPICAL CREAM                                         | T3        |                                                   |
| FLUOROURACIL<br>TOPICAL CREAM<br>0.5 %                              | T2        |                                                   |
| <i>fluorouracil topical<br/>cream 5 %</i>                           | T1        |                                                   |
| <i>fluorouracil topical<br/>solution</i>                            | T1        |                                                   |
| <i>fluoxetine oral<br/>capsule</i>                                  | T1        | MM                                                |
| <i>fluoxetine oral<br/>capsule, delayed<br/>release(dr/ec)</i>      | T3        | MM                                                |
| <i>fluoxetine oral<br/>solution</i>                                 | T1        | MM                                                |
| <i>fluoxetine oral<br/>tablet 10 mg</i>                             | T1        | MM; Preferred<br>Alternatives<br>(fluoxetine hcl) |
| <i>fluoxetine oral<br/>tablet 20 mg</i>                             | EXC       | MM; Preferred<br>Alternatives<br>(fluoxetine hcl) |

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| Drug Name                                                     | Drug Tier | Requirements/<br>Limits                                                                                          |
|---------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|
| <i>fluoxetine oral tablet 60 mg</i>                           | T3        | MM; Preferred Alternatives (fluoxetine hcl)                                                                      |
| <i>fluphenazine hcl oral concentrate</i>                      | T2        | MM                                                                                                               |
| <i>fluphenazine hcl oral elixir</i>                           | T2        | MM                                                                                                               |
| <i>fluphenazine hcl oral tablet</i>                           | T1        | MM                                                                                                               |
| <i>flurandrenolide topical cream</i>                          | T1        |                                                                                                                  |
| <i>flurandrenolide topical lotion</i>                         | T1        |                                                                                                                  |
| <i>flurandrenolide topical ointment</i>                       | T1        |                                                                                                                  |
| <i>flurazepam oral capsule</i>                                | T3        |                                                                                                                  |
| <i>flurbiprofen oral tablet 100 mg</i>                        | T1        | MM                                                                                                               |
| <i>flurbiprofen sodium ophthalmic (eye) drops</i>             | T1        |                                                                                                                  |
| FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE | EXC       | MM; Preferred Alternatives (BREO ELLIPTA)                                                                        |
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE         | EXC       | MM                                                                                                               |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER         | EXC       | MM; Preferred Alternatives (ALVESCO, ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, PULMICORT FLEXHALER, QVAR REDIHALER) |

| Drug Name                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------|-----------|-------------------------|
| <i>fluticasone propionate topical cream</i>                              | T1        |                         |
| <i>fluticasone propionate topical lotion</i>                             | T3        |                         |
| <i>fluticasone propionate topical ointment</i>                           | T1        |                         |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED | T2        | MM                      |
| <i>fluticasone propion-salmeterol inhalation blister with device</i>     | T1        | MM                      |
| FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER            | EXC       | MM                      |
| <i>fluvastatin oral capsule</i>                                          | T3        | MM                      |
| <i>fluvastatin oral tablet extended release 24 hr</i>                    | T3        | MM                      |
| <i>fluvoxamine oral capsule, extended release 24hr</i>                   | T3        | MM                      |
| <i>fluvoxamine oral tablet</i>                                           | T1        | MM                      |
| FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE                     | T2        |                         |
| FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE                        | T2        |                         |

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| Drug Name                                                | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------|-----------|-------------------------|
| FLUZONE QUAD<br>2023-2024<br>INTRAMUSCULAR<br>SUSPENSION | T2        |                         |
| FML FORTE<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION     | T2        |                         |
| FML LIQUIFILM<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION | T2        | BP                      |
| FOCALIN ORAL<br>TABLET                                   | T2        | BP; MM                  |
| FOCALIN XR<br>ORAL<br>CAPSULE,ER<br>BIPHASIC 50-50       | T2        | BP; MM                  |
| <i>folbee oral tablet</i>                                | T1        | MM                      |
| <i>folbic oral tablet</i>                                | T1        | MM                      |
| <i>folic acid oral<br/>tablet</i>                        | T1        | MM                      |
| <i>folitab oral tablet<br/>extended release</i>          | EXC       |                         |
| FOLLISTIM AQ<br>SUBCUTANEOUS<br>CARTRIDGE                | T3        | ST; SP                  |
| <i>foltabs 800 oral<br/>tablet</i>                       | T1        | MM                      |
| <i>fondaparinux<br/>subcutaneous<br/>syringe</i>         | T2        | SP                      |
| FORA 6<br>CONNECT<br>GLUCOSE STRIP<br>STRIP              | EXC       | PA; MM                  |
| FORA 6<br>CONNECT<br>MULTIFUNCTN<br>MTR DEVICE           | EXC       | MM; QL                  |
| FORA 6CONN-<br>GTEL-TN'G ADV<br>STRIP STRIP              | EXC       | PA; MM                  |
| FORA D10 KIT                                             | T3        | MM                      |

| Drug Name                                      | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------|-----------|-------------------------|
| FORA D15<br>GLUCOSE-BP<br>MONITOR<br>DEVICE    | T3        | MM                      |
| FORA D15G<br>STRIPS STRIP                      | EXC       | PA; MM                  |
| FORA D20 KIT                                   | T3        | MM; QL                  |
| FORA D20 STRIP                                 | EXC       | PA; MM                  |
| FORA D40D<br>GLUCOSE-BP<br>MONITOR<br>DEVICE   | T3        | MM                      |
| FORA D40-G31<br>TEST STRIPS<br>STRIP           | EXC       | PA; MM                  |
| FORA G20 KIT                                   | EXC       | MM; QL                  |
| FORA G20 STRIP                                 | EXC       | PA; MM                  |
| FORA G30A                                      | EXC       | MM; QL                  |
| FORA G30-<br>PREMIUM V10<br>TEST STRP<br>STRIP | EXC       | PA; MM                  |
| FORA GD50<br>BLOOD<br>GLUCOSE<br>SYSTEM        | EXC       | MM; QL                  |
| FORA GD50<br>TEST STRIPS<br>STRIP              | EXC       | PA; MM                  |
| FORA GTEL<br>GLUCOSE TEST<br>STRIP STRIP       | EXC       | PA; MM                  |
| FORA GTEL<br>MULTI-FUNCTN<br>MONITOR<br>DEVICE | EXC       | MM; QL                  |
| FORA KETONE<br>CONTROL SOLN-<br>L1 SOLUTION    | EXC       | MM                      |
| FORA PREMIUM<br>V10 GLUCOSE<br>METER           | EXC       | MM; QL                  |
| FORA TEST<br>N'GO VOICE<br>METER               | EXC       | MM; QL                  |

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| Drug Name                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------|-----------|-------------------------|
| FORA TEST STRIP STRIP                 | EXC       | PA; MM                  |
| FORA TN'G ADV MOBILE MULTI MTR DEVICE | EXC       | MM; QL                  |
| FORA TN'G ADVAN PRO TEST STRIP STRIP  | EXC       | PA; MM                  |
| FORA TN'G ADVANCE MULTI-FN MTR DEVICE | EXC       | MM; QL                  |
| FORA TN'G ADVANCE PRO MONITOR DEVICE  | EXC       | MM; QL                  |
| FORA TN'G VOICE METER                 | EXC       | MM; QL                  |
| FORA TN'G VOICE TEST STRIPS STRIP     | EXC       | PA; MM                  |
| FORA V10 KIT                          | EXC       | MM; QL                  |
| FORA V10 STRIP                        | EXC       | PA; MM                  |
| FORA V10-V12-D10-D20 STRIPS STRIP     | EXC       | PA; MM                  |
| FORA V12 BLOOD GLUCOSE SYSTEM         | EXC       | MM; QL                  |
| FORA V12 GLUCOSE STRIP                | EXC       | PA; MM                  |
| FORA V20 KIT                          | EXC       | MM; QL                  |
| FORA V20 STRIP                        | EXC       | PA; MM                  |
| FORA V30A KIT                         | EXC       | MM; QL                  |
| FORACARE GD20 GLUCOSE METER           | EXC       | MM; QL                  |
| FORACARE GD20 STRIP                   | EXC       | PA; MM                  |
| FORACARE GD40 TEST STRIPS STRIP       | EXC       | PA; MM                  |

| Drug Name                                                       | Drug Tier | Requirements/<br>Limits                                                               |
|-----------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------|
| FORACARE GD40A GLUCOSE METER                                    | EXC       | MM; QL                                                                                |
| FORACARE GD40B GLUCOSE METER                                    | EXC       | MM; QL                                                                                |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR                   | EXC       | MM; Preferred Alternatives (bupropion sr, bupropion xl, WELLBUTRIN XL, WELLBUTRIN SR) |
| <i>formoterol fumarate inhalation solution for nebulization</i> | T3        | MM                                                                                    |
| FORTEO SUBCUTANEOUS PEN INJECTOR                                | T3        | PA; SP; BP; MM; LA                                                                    |
| FOSAMAX ORAL TABLET 70 MG                                       | T2        | BP; MM                                                                                |
| FOSAMAX PLUS D ORAL TABLET                                      | T3        | MM                                                                                    |
| <i>fosamprenavir oral tablet</i>                                | T1        | MM                                                                                    |
| <i>fosfomycin tromethamine oral packet</i>                      | T1        | QL                                                                                    |
| <i>fosinopril oral tablet</i>                                   | T1        | MM                                                                                    |
| <i>fosinopril-hydrochlorothiazide oral tablet</i>               | T3        | MM                                                                                    |
| FOSRENOL ORAL POWDER IN PACKET                                  | T3        | MM                                                                                    |
| FOSRENOL ORAL TABLET,CHEWABLE                                   | T2        | BP; MM                                                                                |
| FOTIVDA ORAL CAPSULE                                            | T2        | PA; SP; MM; QL; LA                                                                    |

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| Drug Name                            | Drug Tier | Requirements/<br>Limits |
|--------------------------------------|-----------|-------------------------|
| FRAGMIN SUBCUTANEOUS SOLUTION        | T3        | SP                      |
| FRAGMIN SUBCUTANEOUS SYRINGE         | T3        | SP                      |
| FREESTYLE FLASH SYSTEM KIT           | EXC       | MM; QL                  |
| FREESTYLE FREEDOM KIT                | EXC       | MM; QL                  |
| FREESTYLE FREEDOM LITE KIT           | EXC       | MM; QL                  |
| FREESTYLE INSULINX                   | EXC       | MM; QL                  |
| FREESTYLE INSULINX STRIP             | EXC       | PA; MM                  |
| FREESTYLE INSULINX TEST STRIPS STRIP | EXC       | PA; MM                  |
| FREESTYLE LIBRE 14 DAY READER        | T2        | ST; MM; QL              |
| FREESTYLE LIBRE 14 DAY SENSOR KIT    | T2        | ST; MM; QL              |
| FREESTYLE LIBRE 2 READER             | T2        | ST; MM; QL              |
| FREESTYLE LIBRE 2 SENSOR KIT         | T2        | ST; MM; QL              |
| FREESTYLE LIBRE 3 READER             | T2        | PA; MM; QL              |
| FREESTYLE LIBRE 3 SENSOR DEVICE      | T2        | ST; MM; QL              |
| FREESTYLE LITE METER KIT             | EXC       | MM; QL                  |
| FREESTYLE LITE STRIPS STRIP          | EXC       | PA; MM                  |
| FREESTYLE PRECISION NEO METER        | EXC       | MM; QL                  |

| Drug Name                                            | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------|-----------|-------------------------|
| FREESTYLE PRECISION NEO STRIPS STRIP                 | EXC       | PA; MM                  |
| FREESTYLE SIDEKICK II KIT                            | EXC       | MM; QL                  |
| FREESTYLE SYSTEM KIT KIT                             | EXC       | MM; QL                  |
| FREESTYLE TEST STRIP                                 | EXC       | PA; MM                  |
| FROVA ORAL TABLET                                    | T3        | BP                      |
| <i>frovatriptan oral tablet</i>                      | T3        |                         |
| FRUZAQLA ORAL CAPSULE                                | T2        | PA; SP; MM; QL; LA      |
| <i>full spectrum b-vitamin c oral tablet</i>         | T1        | MM                      |
| FULPHILA SUBCUTANEOUS SYRINGE                        | T2        | SP                      |
| FURADANTIN ORAL SUSPENSION                           | T2        | BP                      |
| FUROSCIX SUBCUTANEOUS KIT                            | T3        | PA                      |
| <i>furosemide injection solution</i>                 | T2        |                         |
| <i>furosemide oral solution 10 mg/ml</i>             | T1        | MM                      |
| <i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i> | T2        | MM                      |
| <i>furosemide oral tablet</i>                        | T1        | MM                      |
| FUZEON SUBCUTANEOUS RECON SOLN                       | T2        | MM                      |
| <i>fyavolv oral tablet</i>                           | T1        | MM                      |
| FYCOMPA ORAL SUSPENSION                              | T2        | PA; MM                  |
| FYCOMPA ORAL TABLET                                  | T2        | PA; MM                  |

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| Drug Name                                                                   | Drug Tier | Requirements/<br>Limits                     |
|-----------------------------------------------------------------------------|-----------|---------------------------------------------|
| FYLNETRA<br>SUBCUTANEOU<br>S SYRINGE                                        | EXC       | SP; Preferred<br>Alternatives<br>(FULPHILA) |
| <i>fyremadel<br/>subcutaneous<br/>syringe</i>                               | T3        | SP                                          |
| <i>g tussin ac oral<br/>liquid</i>                                          | T1        |                                             |
| <i>gabapentin oral<br/>capsule</i>                                          | T1        | MM                                          |
| <i>gabapentin oral<br/>solution 250 mg/5<br/>ml, 300 mg/6 ml (6<br/>ml)</i> | T1        | MM                                          |
| <i>gabapentin oral<br/>tablet 600 mg, 800<br/>mg</i>                        | T1        | MM                                          |
| <i>gabapentin oral<br/>tablet extended<br/>release 24 hr</i>                | T3        |                                             |
| GALAFOLD<br>ORAL CAPSULE                                                    | T2        | PA; SP; MM; QL                              |
| <i>galantamine oral<br/>capsule, ext rel.<br/>pellets 24 hr</i>             | T1        | MM                                          |
| <i>galantamine oral<br/>solution</i>                                        | T2        | MM                                          |
| <i>galantamine oral<br/>tablet</i>                                          | T1        | MM                                          |
| GALZIN ORAL<br>CAPSULE                                                      | T2        |                                             |
| GAMMAGARD<br>LIQUID<br>INJECTION<br>SOLUTION                                | T2        | PA; SP; MM                                  |
| GAMMAKED<br>INJECTION<br>SOLUTION                                           | T3        | PA; SP; MM                                  |
| GAMUNEX-C<br>INJECTION<br>SOLUTION                                          | T2        | PA; SP; MM                                  |
| <i>ganirelix<br/>subcutaneous<br/>syringe</i>                               | T3        | SP                                          |

| Drug Name                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------|-----------|-------------------------|
| GARDASIL 9 (PF)<br>INTRAMUSCULA<br>R SUSPENSION    | T2        |                         |
| GARDASIL 9 (PF)<br>INTRAMUSCULA<br>R SYRINGE       | T2        |                         |
| GASTROCROM<br>ORAL<br>CONCENTRATE                  | T2        | BP; MM                  |
| <i>gatifloxacin<br/>ophthalmic (eye)<br/>drops</i> | T1        |                         |
| GATTEX 30-VIAL<br>SUBCUTANEOU<br>S KIT             | T3        | PA; SP; MM              |
| <i>gavilax oral<br/>powder</i>                     | T1        |                         |
| <i>gavilyte-c oral<br/>recon soln</i>              | T1        |                         |
| <i>gavilyte-g oral<br/>recon soln</i>              | T1        |                         |
| GAVRETO ORAL<br>CAPSULE                            | T2        | PA; SP; MM;<br>QL; LA   |
| GE100 BLOOD<br>GLUCOSE<br>SYSTEM KIT               | EXC       | MM; QL                  |
| GE100 BLOOD<br>GLUCOSE TEST<br>STRIP STRIP         | EXC       | PA; MM                  |
| GE333 BLOOD<br>GLUCOSE<br>SYSTEM                   | EXC       | MM; QL                  |
| GE333 BLOOD<br>GLUCOSE TEST<br>STRIP STRIP         | EXC       | PA; MM                  |
| <i>gefitinib oral tablet</i>                       | T1        | PA; SP; MM; LA          |
| GELCLAIR<br>MUCOUS<br>MEMBRANE GEL<br>IN PACKET    | EXC       |                         |
| GELNIQUE<br>TRANSDERMAL<br>GEL IN PACKET           | T3        | MM                      |
| GELX MUCOUS<br>MEMBRANE GEL                        | EXC       |                         |

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| Drug Name                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------|-----------|-------------------------|
| <i>gemfibrozil oral tablet</i>                                          | T1        | MM                      |
| <i>gemmily oral capsule</i>                                             | T1        | MM                      |
| GEMTESA ORAL TABLET                                                     | T2        | PA; MM                  |
| <i>gengraf oral capsule</i>                                             | T1        | MM                      |
| <i>gengraf oral solution</i>                                            | T1        | MM                      |
| GENOTROPIN MINISYN SUBCUTANEOUS SYRINGE                                 | T2        | PA; SP; MM; LA          |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE                                       | T2        | PA; SP; MM; LA          |
| GENSTRIP TEST STRIP                                                     | EXC       | PA; MM                  |
| <i>gentamicin injection solution 40 mg/ml</i>                           | T2        |                         |
| <i>gentamicin ophthalmic (eye) drops</i>                                | T1        |                         |
| <i>gentamicin topical cream</i>                                         | T1        |                         |
| <i>gentamicin topical ointment</i>                                      | T1        |                         |
| GENTEEL VACUUM LANCING DEVICE COMBO PACK                                | T2        | MM                      |
| <i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i> | T1        |                         |
| <i>gentlelax oral powder</i>                                            | T1        |                         |
| GENVOYA ORAL TABLET                                                     | T2        | MM                      |
| GEODON ORAL CAPSULE                                                     | T2        | BP; MM                  |

| Drug Name                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------|-----------|-------------------------|
| GILENYA ORAL CAPSULE 0.25 MG                       | EXC       | SP; MM; QL; LA          |
| GILENYA ORAL CAPSULE 0.5 MG                        | EXC       | SP; BP; MM; QL; LA      |
| GILOTRIF ORAL TABLET                               | T2        | PA; SP; MM; QL; LA      |
| GIMOTI NASAL SPRAY WITH PUMP                       | T3        | PA; SP; QL              |
| <i>glatiramer subcutaneous syringe</i>             | T2        | SP; MM; LA              |
| <i>glatopa subcutaneous syringe</i>                | T2        | SP; MM; LA              |
| GLEEVEC ORAL TABLET                                | T2        | PA; SP; BP; MM; QL; LA  |
| GLEOSTINE ORAL CAPSULE                             | T2        | QL; LA                  |
| <i>glimepiride oral tablet</i>                     | T1        | MM                      |
| <i>glipizide oral tablet 10 mg, 5 mg</i>           | T1        | MM                      |
| GLIPIZIDE ORAL TABLET 2.5 MG                       | EXC       | MM                      |
| <i>glipizide oral tablet extended release 24hr</i> | T1        | MM                      |
| <i>glipizide-metformin oral tablet</i>             | T3        | MM                      |
| GLOPERBA ORAL SOLUTION                             | T3        | MM                      |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN              | T2        | QL                      |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN  | T2        | QL                      |

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| Drug Name                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------|-----------|-------------------------|
| <i>glucagon emergency kit (human) injection recon soln</i> | T2        | QL                      |
| GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML                  | T2        | QL                      |
| GLUCO NAVII GLUCOSE MONITOR KIT                            | EXC       | MM; QL                  |
| GLUCO NAVII TEST STRIP STRIP                               | EXC       | PA; MM                  |
| GLUCOCARD 01 METER KIT                                     | EXC       | MM; QL                  |
| GLUCOCARD 01 SENSOR PLUS STRIP                             | EXC       | PA; MM                  |
| GLUCOCARD EXPRESSION                                       | EXC       | MM; QL                  |
| GLUCOCARD EXPRESSION STRIP                                 | EXC       | PA; MM                  |
| GLUCOCARD SHINE CONNEX METER                               | EXC       | MM; QL                  |
| GLUCOCARD SHINE EXPRESS METER                              | EXC       | MM; QL                  |
| GLUCOCARD SHINE METER                                      | EXC       | MM; QL                  |
| GLUCOCARD SHINE TEST STRIPS STRIP                          | EXC       | PA; MM                  |
| GLUCOCARD SHINE XL METER                                   | EXC       | MM; QL                  |
| GLUCOCARD VITAL KIT                                        | EXC       | MM; QL                  |
| GLUCOCARD VITAL SENSOR STRIP                               | EXC       | PA; MM                  |
| GLUCOCARD VITAL TEST STRIPS STRIP                          | EXC       | PA; MM                  |

| Drug Name                                      | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------|-----------|-------------------------|
| GLUCOCOM BLOOD GLUCOSE KIT                     | EXC       | MM; QL                  |
| GLUCOCOM GLUCOSE STRIP                         | EXC       | PA; MM                  |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR | T2        | BP; MM                  |
| <i>glyburide micronized oral tablet</i>        | T1        | MM                      |
| <i>glyburide oral tablet</i>                   | T1        | MM                      |
| <i>glyburide-metformin oral tablet</i>         | T1        | MM                      |
| GLYCATO ORAL TABLET                            | EXC       | MM                      |
| <i>glycopyrrolate oral solution</i>            | T1        | MM                      |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>   | T1        | MM                      |
| <i>glycopyrrolate oral tablet 1.5 mg</i>       | EXC       | MM                      |
| GLYXAMBI ORAL TABLET                           | T3        | PA; MM                  |
| GM100 KIT                                      | EXC       | MM; QL                  |
| GM100 STRIP                                    | EXC       | PA; MM                  |
| GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR    | EXC       | SP; MM                  |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP           | EXC       | PA; MM                  |
| GOJJI KETONE CONTROL SOLN-L1 SOLUTION          | EXC       | MM                      |
| GOJJI MULTI-FUNCTIONAL METER KIT               | EXC       | MM; QL                  |
| GOLYTELY ORAL RECON SOLN                       | T2        | BP                      |

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| Drug Name                                                         | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------|-----------|----------------------|
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR                   | T3        | SP                   |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN                               | T3        | SP                   |
| GONAL-F SUBCUTANEOUS RECON SOLN                                   | T3        | SP                   |
| GONITRO SUBLINGUAL POWDER IN PACKET                               | T3        | MM                   |
| GOPRELTO NASAL SOLUTION                                           | EXC       |                      |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG         | T3        | BP                   |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG | T3        |                      |
| <i>granisetron hcl oral tablet</i>                                | T1        |                      |
| GRANIX SUBCUTANEOUS SOLUTION                                      | T3        | SP                   |
| GRANIX SUBCUTANEOUS SYRINGE                                       | EXC       | SP                   |
| GRASTEK SUBLINGUAL TABLET                                         | T2        | PA; MM               |
| <i>griseofulvin microsize oral suspension</i>                     | T1        |                      |
| <i>griseofulvin microsize oral tablet</i>                         | T1        |                      |

| Drug Name                                                 | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|----------------------|
| <i>griseofulvin ultramicrosize oral tablet</i>            | T1        |                      |
| <i>guanfacine oral tablet</i>                             | T1        | MM                   |
| <i>guanfacine oral tablet extended release 24 hr</i>      | T3        | MM                   |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR           | T2        | QL                   |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | T2        | QL                   |
| GVOKE SUBCUTANEOUS SOLUTION                               | EXC       |                      |
| GYNAZOLE-1 VAGINAL CREAM                                  | T2        |                      |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR              | T2        | ST; SP; MM; QL; LA   |
| HADLIMA SUBCUTANEOUS SYRINGE                              | T2        | ST; SP; MM; QL; LA   |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR          | T2        | ST; SP; MM; QL; LA   |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE                          | T2        | ST; SP; MM; QL; LA   |
| HAEGARDA SUBCUTANEOUS RECON SOLN                          | T2        | PA; SP; MM           |
| <i>hailey 24 fe oral tablet</i>                           | T1        | MM                   |
| <i>hailey fe 1.5/30 (28) oral tablet</i>                  | T1        | MM                   |

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| Drug Name                                      | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------|-----------|-------------------------|
| <i>hailey fe 1/20 (28) oral tablet</i>         | T1        | MM                      |
| <i>hailey oral tablet</i>                      | T1        | MM                      |
| <i>halcinonide topical cream</i>               | T3        |                         |
| HALCION ORAL TABLET 0.25 MG                    | T3        | BP                      |
| <i>halobetasol propionate topical cream</i>    | T3        |                         |
| <i>halobetasol propionate topical foam</i>     | T3        | PA; QL                  |
| <i>halobetasol propionate topical ointment</i> | T3        |                         |
| <i>haloette vaginal ring</i>                   | T1        | MM                      |
| HALOG TOPICAL CREAM                            | T3        | BP                      |
| HALOG TOPICAL OINTMENT                         | T3        |                         |
| HALOG TOPICAL SOLUTION                         | T3        |                         |
| <i>haloperidol lactate oral concentrate</i>    | T1        | MM                      |
| <i>haloperidol oral tablet</i>                 | T1        | MM                      |
| HARMONY GLUCOSE TEST STRIP STRIP               | EXC       | PA; MM                  |
| HARVONI ORAL PELLETS IN PACKET                 | T3        | PA; SP; LA              |
| HARVONI ORAL TABLET                            | T2        | PA; SP; LA              |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE              | T2        |                         |
| HEALTHPRO GLUCOSE MONITOR                      | EXC       | MM; QL                  |
| HEALTHPRO TEST STRIPS STRIP                    | EXC       | PA; MM                  |

| Drug Name                                                                                                                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>heather oral tablet</i>                                                                                                                                              | T1        | MM                      |
| HEMADY ORAL TABLET                                                                                                                                                      | EXC       |                         |
| HEMANGEOL ORAL SOLUTION                                                                                                                                                 | T3        | SP                      |
| HEMLIBRA SUBCUTANEOUS SOLUTION                                                                                                                                          | T2        | SP; MM; LA              |
| <i>hemmorex-hc rectal suppository</i>                                                                                                                                   | T1        |                         |
| <i>hep flush-10 (pf) intravenous solution</i>                                                                                                                           | T2        |                         |
| HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML) | T2        |                         |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>                                                                                                     | T2        |                         |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>                                                                                                   | T2        |                         |
| <i>heparin (porcine) injection cartridge</i>                                                                                                                            | T2        |                         |
| <i>heparin (porcine) injection solution</i>                                                                                                                             | T2        |                         |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>                                                                                                                | T2        |                         |
| <i>heparin lock flush (porcine) intravenous solution</i>                                                                                                                | T2        |                         |

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| Drug Name                                                                                                    | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>heparin lockflush(porcine)(pf) intravenous syringe</i>                                                    | T2        |                         |
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML                            | T2        |                         |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i> | T2        |                         |
| <i>heparin, porcine (pf) injection solution</i>                                                              | T2        |                         |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>                                             | T2        |                         |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML                                                        | T2        |                         |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>                                         | T2        |                         |
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>                                      | T2        |                         |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE                                                                   | T2        |                         |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE                                                                        | T2        |                         |
| <i>her style oral tablet</i>                                                                                 | EXC       |                         |

| Drug Name                                   | Drug Tier | Requirements/<br>Limits                                                                                                                                   |
|---------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| HETLIOZ LQ ORAL SUSPENSION                  | T3        | PA; SP; MM                                                                                                                                                |
| HETLIOZ ORAL CAPSULE                        | T3        | PA; SP; BP; MM                                                                                                                                            |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN       | T2        |                                                                                                                                                           |
| HISTEX-AC ORAL SYRUP                        | EXC       |                                                                                                                                                           |
| HIZENTRA SUBCUTANEOUS SOLUTION              | T2        | PA; SP; MM; LA                                                                                                                                            |
| HIZENTRA SUBCUTANEOUS SYRINGE               | T2        | PA; SP; MM; LA                                                                                                                                            |
| <i>homatropaire ophthalmic (eye) drops</i>  | T1        | MM                                                                                                                                                        |
| HORIZANT ORAL TABLET EXTENDED RELEASE       | T2        | PA; MM                                                                                                                                                    |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT | EXC       | SP; MM; LA; Preferred Alternatives (HUMIRA, ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADAZ(CF), HADLIMA, HADLIMA PUSHTOUCH, HADLIMA(CF), HADLIMA(CF) PUSHTOUCH) |

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| Drug Name                                                                              | Drug Tier | Requirements/<br>Limits                                                                                                                                                                            |
|----------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HULIO(CF)<br>SUBCUTANEOU<br>S SYRINGE KIT                                              | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| HUMALOG<br>KWIKPEN<br>INSULIN<br>SUBCUTANEOU<br>S INSULIN PEN<br>100 UNIT/ML           | EXC       | PA; MM;<br>Preferred<br>Alternatives<br>(NOVOLOG<br>FLEXPEN)                                                                                                                                       |
| HUMALOG<br>KWIKPEN<br>INSULIN<br>SUBCUTANEOU<br>S INSULIN PEN<br>200 UNIT/ML (3<br>ML) | T2        | PA; MM;<br>Preferred<br>Alternatives<br>(NOVOLOG<br>FLEXPEN)                                                                                                                                       |
| HUMALOG MIX<br>50-50 INSULN U-<br>100<br>SUBCUTANEOU<br>S SUSPENSION                   | T2        | PA; MM                                                                                                                                                                                             |
| HUMALOG MIX<br>50-50 KWIKPEN<br>SUBCUTANEOU<br>S INSULIN PEN                           | T2        | PA; MM                                                                                                                                                                                             |
| HUMALOG MIX<br>75-25 KWIKPEN<br>SUBCUTANEOU<br>S INSULIN PEN                           | EXC       | PA; MM                                                                                                                                                                                             |
| HUMALOG MIX<br>75-25(U-<br>100)INSULN<br>SUBCUTANEOU<br>S SUSPENSION                   | T2        | PA; MM;<br>Preferred<br>Alternatives<br>(NOVOLOG<br>MIX 70-30)                                                                                                                                     |

| Drug Name                                                                                    | Drug Tier | Requirements/<br>Limits                           |
|----------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| HUMALOG<br>TEMPO PEN(U-<br>100)INSULN<br>SUBCUTANEOU<br>S INSULIN PEN,<br>SENSOR             | EXC       | PA; MM                                            |
| HUMALOG U-100<br>INSULIN<br>SUBCUTANEOU<br>S CARTRIDGE                                       | T2        | PA; MM;<br>Preferred<br>Alternatives<br>(NOVOLOG) |
| HUMALOG U-100<br>INSULIN<br>SUBCUTANEOU<br>S SOLUTION                                        | EXC       | PA; MM;<br>Preferred<br>Alternatives<br>(NOVOLOG) |
| HUMATE-P<br>INTRAVENOUS<br>RECON SOLN                                                        | T2        | SP; MM; LA                                        |
| HUMATIN ORAL<br>CAPSULE                                                                      | T3        | SP                                                |
| HUMATROPE<br>INJECTION<br>CARTRIDGE                                                          | T2        | PA; SP; MM; LA                                    |
| HUMIRA (ONLY<br>NDCS STARTING<br>WITH 00074)<br>SUBCUTANEOU<br>S SYRINGE KIT<br>40 MG/0.8 ML | T2        | PA; SP; MM;<br>QL; LA                             |
| HUMIRA PEN<br>(ONLY NDCS<br>STARTING WITH<br>00074)<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT  | T2        | PA; SP; MM;<br>QL; LA                             |
| HUMIRA(CF)<br>(ONLY NDCS<br>STARTING WITH<br>00074)<br>SUBCUTANEOU<br>S SYRINGE KIT          | T2        | PA; SP; MM;<br>QL; LA                             |

| Drug Name                                                                                                                                  | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| HUMIRA(CF)<br>PEDI CROHNS<br>STARTER (ONLY<br>NDCS STARTING<br>WITH 00074)<br>SUBCUTANEOU<br>S SYRINGE KIT<br>80 MG/0.8 ML                 | T2        | PA; SP; MM;<br>QL; LA   |
| HUMIRA(CF)<br>PEDI CROHNS<br>STARTER (ONLY<br>NDCS STARTING<br>WITH 00074)<br>SUBCUTANEOU<br>S SYRINGE KIT<br>80 MG/0.8 ML-40<br>MG/0.4 ML | T2        | PA; SP; QL; LA          |
| HUMIRA(CF) PEN<br>(ONLY NDCS<br>STARTING WITH<br>00074)<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT 40 MG/0.4 ML                               | T2        | PA; SP; MM;<br>QL; LA   |
| HUMIRA(CF) PEN<br>CROHNS-UC-HS<br>(ONLY NDCS<br>STARTING WITH<br>00074)<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT                            | T2        | PA; SP; QL; LA          |
| HUMIRA(CF) PEN<br>PEDIATRIC UC<br>(ONLY NDCS<br>STARTING WITH<br>00074)<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT                            | T2        | PA; SP; QL; LA          |
| HUMIRA(CF) PEN<br>PSOR-UV-ADOL<br>HS (ONLY NDCS<br>STARTING WITH<br>00074)<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT                         | T2        | PA; SP; QL; LA          |

| Drug Name                                                             | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------|-----------|-------------------------|
| HUMULIN 70/30<br>U-100 INSULIN<br>SUBCUTANEOU<br>S SUSPENSION         | T2        | PA; MM                  |
| HUMULIN 70/30<br>U-100 KWIKPEN<br>SUBCUTANEOU<br>S INSULIN PEN        | T2        | PA; MM                  |
| HUMULIN N NPH<br>INSULIN<br>KWIKPEN<br>SUBCUTANEOU<br>S INSULIN PEN   | T2        | PA; MM                  |
| HUMULIN N NPH<br>U-100 INSULIN<br>SUBCUTANEOU<br>S SUSPENSION         | T2        | PA; MM                  |
| HUMULIN R<br>REGULAR U-100<br>INSULN<br>INJECTION<br>SOLUTION         | T2        | PA; MM                  |
| HUMULIN R U-<br>500 (CONC)<br>INSULIN<br>SUBCUTANEOU<br>S SOLUTION    | T2        | PA; MM                  |
| HUMULIN R U-<br>500 (CONC)<br>KWIKPEN<br>SUBCUTANEOU<br>S INSULIN PEN | T2        | PA; MM                  |
| HYCANTIN ORAL<br>CAPSULE                                              | T2        | PA; SP                  |
| HYCODAN (WITH<br>HOMATROPINE)<br>ORAL SYRUP                           | T3        | BP                      |
| HYCODAN (WITH<br>HOMATROPINE)<br>ORAL TABLET                          | T3        | BP                      |
| <i>hydralazine oral<br/>tablet</i>                                    | T1        | MM                      |
| HYDREA ORAL<br>CAPSULE                                                | T2        | BP; MM                  |
| <i>hydrochlorothiazid<br/>e oral capsule</i>                          | T1        | MM                      |

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| Drug Name                                                                                              | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| hydrochlorothiazide oral tablet                                                                        | T1        | MM                      |
| hydrocodone bitartrate oral capsule, oral only, er 12hr                                                | T3        | PA; QL                  |
| hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr                                         | T3        | PA; QL                  |
| hydrocodone-acetaminophen oral solution                                                                | T1        | PA; QL                  |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | T1        | PA; QL                  |
| hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr                                       | T3        |                         |
| hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml                                                       | T3        |                         |
| hydrocodone-homatropine oral tablet                                                                    | T3        |                         |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg                                                  | T3        | PA; QL                  |
| hydrocodone-ibuprofen oral tablet 7.5-200 mg                                                           | T1        | PA; QL                  |
| hydrocortisone acetate rectal suppository                                                              | T1        |                         |
| hydrocortisone butyrate topical cream                                                                  | T3        |                         |

| Drug Name                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------|-----------|-------------------------|
| hydrocortisone butyrate topical lotion                      | T3        |                         |
| hydrocortisone butyrate topical ointment                    | T3        |                         |
| hydrocortisone butyrate topical solution                    | T3        |                         |
| hydrocortisone oral tablet                                  | T1        | MM                      |
| hydrocortisone rectal enema                                 | T1        |                         |
| hydrocortisone topical cream 2.5 %                          | T1        |                         |
| hydrocortisone topical cream with perineal applicator 1 %   | EXC       |                         |
| hydrocortisone topical cream with perineal applicator 2.5 % | T1        |                         |
| hydrocortisone topical lotion 2.5 %                         | T1        |                         |
| hydrocortisone topical ointment 2.5 %                       | T1        |                         |
| hydrocortisone valerate topical cream                       | T1        |                         |
| hydrocortisone valerate topical ointment                    | T3        |                         |
| hydrocortisone-acetic acid otic (ear) drops                 | T1        |                         |
| hydrocortisone-pramoxine rectal cream 1-1 %                 | EXC       |                         |
| hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g) | T1        |                         |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits                   |
|--------------------------------------------------------------|-----------|----------------------------------------|
| HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY                  | T3        |                                        |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>        | T1        |                                        |
| <i>hydromet oral syrup</i>                                   | T3        |                                        |
| <i>hydromorphone oral liquid</i>                             | T1        | PA; QL                                 |
| <i>hydromorphone oral tablet</i>                             | T1        | PA; QL                                 |
| <i>hydromorphone oral tablet extended release 24 hr</i>      | T3        | PA; QL                                 |
| <i>hydromorphone rectal suppository</i>                      | T2        | PA; QL                                 |
| <i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i> | T1        | MM; Preferred Alternatives (PLAQUENIL) |
| <i>hydroxychloroquine oral tablet 200 mg</i>                 | T1        | MM                                     |
| <i>hydroxyurea oral capsule</i>                              | T1        | MM                                     |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>              | T1        |                                        |
| <i>hydroxyzine hcl oral tablet</i>                           | T1        |                                        |
| <i>hydroxyzine pamoate oral capsule 100 mg</i>               | T2        |                                        |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>         | T1        |                                        |
| HYFTOR TOPICAL GEL                                           | T3        | PA; SP; MM; QL                         |
| <i>hyoscyamine sulfate oral drops</i>                        | T1        | MM                                     |
| <i>hyoscyamine sulfate oral elixir</i>                       | T1        | MM                                     |

| Drug Name                                                     | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------|-----------|----------------------|
| <i>hyoscyamine sulfate oral tablet</i>                        | T1        | MM                   |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr</i> | T1        | MM                   |
| <i>hyoscyamine sulfate oral tablet, disintegrating</i>        | T1        | MM                   |
| <i>hyoscyamine sulfate sublingual tablet</i>                  | T1        | MM                   |
| <i>hyosyne oral drops</i>                                     | T1        | MM                   |
| <i>hyosyne oral elixir</i>                                    | T1        | MM                   |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION                | T2        |                      |
| HYQVIA SUBCUTANEOUS SOLUTION                                  | T3        | PA; SP; MM           |
| HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR      | T2        | ST; SP; MM; QL; LA   |
| HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR       | T2        | ST; SP; QL; LA       |
| HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR                         | EXC       | SP; MM; LA           |
| HYRIMOZ SUBCUTANEOUS SYRINGE                                  | EXC       | SP; MM; LA           |

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| Drug Name                                                                                         | Drug Tier | Requirements/<br>Limits                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HYRIMOZ(CF)<br>PEDI CROHN<br>STARTER<br>SUBCUTANEOU<br>S SYRINGE 80<br>MG/0.8 ML                  | EXC       | ST; SP; MM;<br>LA; Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| HYRIMOZ(CF)<br>PEDI CROHN<br>STARTER<br>SUBCUTANEOU<br>S SYRINGE 80<br>MG/0.8 ML- 40<br>MG/0.4 ML | EXC       | ST; SP; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH)     |
| HYRIMOZ(CF)<br>PEN<br>SUBCUTANEOU<br>S PEN INJECTOR                                               | EXC       | ST; SP; MM;<br>LA; Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |

| Drug Name                                                    | Drug Tier | Requirements/<br>Limits                                                                                                                                                                                |
|--------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HYRIMOZ(CF)<br>SUBCUTANEOU<br>S SYRINGE                      | EXC       | ST; SP; MM;<br>LA; Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| HYSINGLA ER<br>ORAL<br>TABLET,ORAL<br>ONLY,EXT.REL.2<br>4 HR | T3        | PA; BP; QL                                                                                                                                                                                             |
| HYZAAR ORAL<br>TABLET                                        | T2        | BP; MM                                                                                                                                                                                                 |
| <i>ibandronate oral<br/>tablet</i>                           | T1        | MM                                                                                                                                                                                                     |
| IBRANCE ORAL<br>CAPSULE                                      | EXC       | PA; SP; MM;<br>QL; LA                                                                                                                                                                                  |
| IBRANCE ORAL<br>TABLET                                       | EXC       | PA; SP; MM; LA                                                                                                                                                                                         |
| IBSRELA ORAL<br>TABLET                                       | T3        | PA; MM; QL                                                                                                                                                                                             |
| <i>ibu oral tablet</i>                                       | T1        | MM                                                                                                                                                                                                     |
| <i>ibuprofen oral<br/>suspension</i>                         | T1        |                                                                                                                                                                                                        |
| <i>ibuprofen oral<br/>tablet 400 mg, 600<br/>mg, 800 mg</i>  | T1        | MM                                                                                                                                                                                                     |
| <i>ibuprofen-<br/>famotidine oral<br/>tablet</i>             | EXC       | MM                                                                                                                                                                                                     |
| <i>icatibant<br/>subcutaneous<br/>syringe</i>                | T2        | PA; SP; QL; LA                                                                                                                                                                                         |
| <i>iclevia oral<br/>tablets,dose<br/>pack,3 month</i>        | T1        | MM                                                                                                                                                                                                     |
| ICLUSIG ORAL<br>TABLET                                       | T2        | PA; SP; MM;<br>QL; LA                                                                                                                                                                                  |

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| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits                                                                                                                                                                            |
|------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>icosapent ethyl<br/>oral capsule</i>                                      | T2        | MM                                                                                                                                                                                                 |
| IDACIO(CF) PEN<br>CROHN-UC<br>STARTR<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| IDACIO(CF) PEN<br>PSORIASIS<br>START<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| IDACIO(CF) PEN<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT                       | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |

| Drug Name                                             | Drug Tier | Requirements/<br>Limits                                                                                                                                                                            |
|-------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IDACIO(CF)<br>SUBCUTANEOU<br>S SYRINGE KIT            | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| IDELVION<br>INTRAVENOUS<br>RECON SOLN                 | T2        | SP; MM; LA                                                                                                                                                                                         |
| IDHIFA ORAL<br>TABLET                                 | T2        | PA; SP; MM;<br>QL; LA                                                                                                                                                                              |
| IFE-BIMIX 30/1<br>INTRACAVERNO<br>SAL SOLUTION        | EXC       | QL                                                                                                                                                                                                 |
| IGLUCOSE<br>BLOOD<br>GLUCOSE<br>MONITOR KIT           | EXC       | MM; QL                                                                                                                                                                                             |
| IGLUCOSE TEST<br>STRIP STRIP                          | EXC       | PA; MM                                                                                                                                                                                             |
| ILEVRO<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION | T3        |                                                                                                                                                                                                    |
| <i>imatinib oral tablet</i>                           | T1        | PA; SP; MM;<br>QL; LA                                                                                                                                                                              |
| IMBRUVICA<br>ORAL CAPSULE                             | T2        | PA; SP; MM;<br>QL; LA                                                                                                                                                                              |
| IMBRUVICA<br>ORAL<br>SUSPENSION                       | T2        | PA; SP; MM;<br>QL; LA                                                                                                                                                                              |
| IMBRUVICA<br>ORAL TABLET<br>140 MG, 280 MG,<br>420 MG | T2        | PA; SP; MM;<br>QL; LA                                                                                                                                                                              |
| IMCIVREE<br>SUBCUTANEOU<br>S SOLUTION                 | T3        | SP; MM                                                                                                                                                                                             |

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| Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|
| <i>imipramine hcl oral tablet</i>                   | T1        | MM                   |
| <i>imipramine pamoate oral capsule</i>              | T1        | MM                   |
| <i>imiquimod topical cream in metered-dose pump</i> | EXC       |                      |
| <i>imiquimod topical cream in packet 3.75 %</i>     | EXC       |                      |
| <i>imiquimod topical cream in packet 5 %</i>        | T1        |                      |
| IMITREX ORAL TABLET                                 | T2        | BP; QL               |
| IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR      | T2        | BP; QL               |
| IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE      | T2        | BP; QL               |
| IMPAVIDO ORAL CAPSULE                               | T3        | PA; QL               |
| IMPOYZ TOPICAL CREAM                                | T2        |                      |
| IMURAN ORAL TABLET                                  | T2        | BP; MM               |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT             | T2        | MM                   |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK      | T2        |                      |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE     | T2        | PA; SP; MM; QL       |
| <i>incassia oral tablet</i>                         | T1        | MM                   |

| Drug Name                                          | Drug Tier | Requirements/ Limits |
|----------------------------------------------------|-----------|----------------------|
| INCRELEX SUBCUTANEOUS SOLUTION                     | T3        | PA; SP; MM; LA       |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE     | T2        | MM                   |
| <i>indapamide oral tablet</i>                      | T1        | MM                   |
| INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR    | T2        | BP; MM               |
| INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR     | EXC       | MM                   |
| INDOCIN ORAL SUSPENSION                            | T2        | BP; MM               |
| INDOCIN RECTAL SUPPOSITORY                         | EXC       | PA; BP               |
| <i>indomethacin oral capsule</i>                   | T1        | MM                   |
| <i>indomethacin oral capsule, extended release</i> | T1        | MM                   |
| <i>indomethacin oral suspension</i>                | T1        | MM                   |
| <i>indomethacin rectal suppository 50 mg</i>       | EXC       | PA                   |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE         | T2        |                      |
| INFINITY STARTER KIT KIT                           | EXC       | MM; QL               |
| INFINITY TEST STRIPS STRIP                         | EXC       | PA; MM               |

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| Drug Name                                               | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------|-----------|-------------------------|
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK   | T3        | PA; SP; QL              |
| INGREZZA ORAL CAPSULE                                   | T3        | PA; SP; MM; QL          |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE                | T3        | PA; SP; MM; QL          |
| INLYTA ORAL TABLET                                      | T2        | PA; SP; MM; QL; LA      |
| INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR          | EXC       | MM                      |
| INPEFA ORAL TABLET                                      | EXC       | MM                      |
| INQOVI ORAL TABLET                                      | T2        | PA; SP; MM; QL; LA      |
| INREBIC ORAL CAPSULE                                    | T2        | PA; SP; MM; QL; LA      |
| INSPIRA ORAL TABLET                                     | T2        | BP; MM                  |
| INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN | T2        | MM                      |
| INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION    | T2        | MM                      |
| INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE             | T2        | MM                      |
| INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN           | T2        | MM                      |

| Drug Name                                                   | Drug Tier | Requirements/<br>Limits                          |
|-------------------------------------------------------------|-----------|--------------------------------------------------|
| INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION                  | T2        | MM                                               |
| INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN                   | T2        | MM                                               |
| INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION                      | T2        | MM                                               |
| INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN        | T2        | MM                                               |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN              | EXC       | MM                                               |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION                 | EXC       | MM                                               |
| INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN     | T2        | PA; MM                                           |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN                     | T2        | PA; MM; Preferred Alternatives (NOVOLOG FLEXPEN) |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT          | T2        | PA; MM                                           |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION                        | T2        | PA; MM; Preferred Alternatives (NOVOLOG)         |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" | T2        | MM                                               |

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| Drug Name                                                             | Drug Tier | Requirements/ Limits                                         |
|-----------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| INTELENCE<br>ORAL TABLET<br>100 MG, 200 MG                            | T2        | BP; MM                                                       |
| INTELENCE<br>ORAL TABLET 25<br>MG                                     | T2        | MM                                                           |
| INTRAROSA<br>VAGINAL INSERT                                           | T2        |                                                              |
| INTUNIV ER<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR                | T3        | BP; MM                                                       |
| INVEGA ORAL<br>TABLET<br>EXTENDED<br>RELEASE 24HR 3<br>MG, 6 MG, 9 MG | T2        | BP; MM                                                       |
| INVELTYS<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION               | T3        |                                                              |
| INVOKAMET<br>ORAL TABLET                                              | EXC       | MM; Preferred<br>Alternatives<br>(XIGDUO XR,<br>SYNJARDY)    |
| INVOKAMET XR<br>ORAL TABLET,<br>IR - ER,<br>BIPHASIC 24HR             | EXC       | MM; Preferred<br>Alternatives<br>(XIGDUO XR,<br>SYNJARDY XR) |
| INVOKANA ORAL<br>TABLET                                               | EXC       | MM; Preferred<br>Alternatives<br>(FARXIGA,<br>JARDIANCE)     |
| IODOFLEX<br>TOPICAL PADS,<br>MEDICATED                                | T3        |                                                              |
| IODOSORB<br>TOPICAL GEL                                               | T3        |                                                              |
| IOPIDINE<br>OPHTHALMIC<br>(EYE)<br>DROPPERETTE                        | T2        |                                                              |
| IPOL INJECTION<br>SUSPENSION                                          | T2        |                                                              |

| Drug Name                                                                      | Drug Tier | Requirements/ Limits  |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| <i>ipratropium<br/>bromide inhalation<br/>solution</i>                         | T1        | MM                    |
| <i>ipratropium<br/>bromide nasal<br/>spray,non-aerosol<br/>21 mcg (0.03 %)</i> | T1        | MM                    |
| <i>ipratropium<br/>bromide nasal<br/>spray,non-aerosol<br/>42 mcg (0.06 %)</i> | T1        |                       |
| <i>ipratropium-<br/>albuterol<br/>inhalation solution<br/>for nebulization</i> | T1        | MM                    |
| <i>irbesartan oral<br/>tablet</i>                                              | T3        | MM                    |
| <i>irbesartan-<br/>hydrochlorothiazid<br/>e oral tablet</i>                    | T3        | MM                    |
| IRESSA ORAL<br>TABLET                                                          | T2        | PA; SP; BP;<br>MM; LA |
| ISENTRESS HD<br>ORAL TABLET                                                    | T2        | MM                    |
| ISENTRESS<br>ORAL POWDER<br>IN PACKET                                          | T2        | MM                    |
| ISENTRESS<br>ORAL TABLET                                                       | T2        | MM                    |
| ISENTRESS<br>ORAL<br>TABLET,CHEWA<br>BLE                                       | T2        | MM                    |
| <i>isibloom oral<br/>tablet</i>                                                | T1        | MM                    |
| <i>isoniazid oral<br/>solution</i>                                             | T2        |                       |
| <i>isoniazid oral<br/>tablet</i>                                               | T1        |                       |
| ISORDIL ORAL<br>TABLET                                                         | T3        | BP; MM                |
| ISORDIL<br>TITRADOSE<br>ORAL TABLET 5<br>MG                                    | T2        | BP; MM                |

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| Drug Name                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------|-----------|-------------------------|
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | T1        | MM                      |
| <i>isosorbide dinitrate oral tablet 40 mg</i>                     | T3        | MM                      |
| <i>isosorbide mononitrate oral tablet</i>                         | T1        | MM                      |
| <i>isosorbide mononitrate oral tablet extended release 24 hr</i>  | T1        | MM                      |
| <i>isosorbide-hydralazine oral tablet</i>                         | T3        | MM                      |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>       | T1        |                         |
| <i>isradipine oral capsule</i>                                    | T1        | MM                      |
| ISTALOL OPTHALMIC (EYE) DROPS, ONCE DAILY                         | T2        | BP; MM                  |
| ISTURISA ORAL TABLET 1 MG, 5 MG                                   | T2        | PA; SP; MM; QL          |
| <i>itraconazole oral capsule</i>                                  | T1        |                         |
| <i>itraconazole oral solution</i>                                 | T1        |                         |
| <i>ivermectin oral tablet</i>                                     | T1        |                         |
| <i>ivermectin topical cream</i>                                   | T1        |                         |
| IWILFIN ORAL TABLET                                               | T2        | PA; SP; MM; QL          |
| IXINITY INTRAVENOUS RECON SOLN                                    | T2        | SP; MM; LA              |
| IYUZEH (PF) OPTHALMIC (EYE) DROPPERETTE                           | T3        | MM                      |

| Drug Name                                        | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------|-----------|-------------------------|
| JADENU ORAL TABLET                               | T2        | SP; BP; MM; LA          |
| JADENU SPRINKLE ORAL GRANULES IN PACKET          | T2        | SP; BP; MM; LA          |
| <i>jaimiess oral tablets, dose pack, 3 month</i> | T1        | MM                      |
| JAKAFI ORAL TABLET                               | T2        | PA; SP; MM; QL; LA      |
| JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR          | T3        | BP; MM                  |
| <i>jantoven oral tablet</i>                      | T1        | MM                      |
| JANUMET ORAL TABLET                              | T2        | MM                      |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR      | T2        | MM                      |
| JANUVIA ORAL TABLET                              | T2        | MM                      |
| JARDIANCE ORAL TABLET                            | T2        | MM                      |
| <i>jasmiel (28) oral tablet</i>                  | T1        | MM                      |
| JATENZO ORAL CAPSULE                             | T3        | PA; MM                  |
| <i>javygtor oral powder in packet</i>            | EXC       | PA; SP; MM              |
| <i>javygtor oral tablet, soluble</i>             | EXC       | PA; SP; MM              |
| JAYPIRCA ORAL TABLET                             | T2        | PA; SP; MM; QL; LA      |
| JAZZ WIRELESS 2 METER KIT KIT                    | EXC       | MM; QL                  |
| JELMYTO INTRA-PYELOCALYCEAL KIT                  | EXC       | SP                      |
| <i>jencycla oral tablet</i>                      | T1        | MM                      |
| JENTADUETO ORAL TABLET                           | T3        | PA; MM                  |

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| Drug Name                                         | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------|-----------|-------------------------|
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR | T3        | PA; MM                  |
| JESDUVROQ ORAL TABLET                             | T2        | PA; MM; QL              |
| <i>jinteli oral tablet</i>                        | T1        | MM                      |
| JIVI INTRAVENOUS RECON SOLN                       | T2        | SP; MM; LA              |
| JOENJA ORAL TABLET                                | T3        | PA; SP; MM; QL          |
| <i>jolessa oral tablets, dose pack, 3 month</i>   | T1        | MM                      |
| JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK   | T3        | MM                      |
| <i>joyeaux oral tablet</i>                        | T1        | MM                      |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR           | T3        | PA                      |
| <i>juleber oral tablet</i>                        | T1        | MM                      |
| JULUCA ORAL TABLET                                | T2        | MM                      |
| <i>junel 1.5/30 (21) oral tablet</i>              | T1        | MM                      |
| <i>junel 1/20 (21) oral tablet</i>                | T1        | MM                      |
| <i>junel fe 1.5/30 (28) oral tablet</i>           | T1        | MM                      |
| <i>junel fe 1/20 (28) oral tablet</i>             | T1        | MM                      |
| <i>junel fe 24 oral tablet</i>                    | T1        | MM                      |
| JUXTAPID ORAL CAPSULE                             | EXC       | SP; MM                  |
| JYLAMVO ORAL SOLUTION                             | T3        | PA; MM                  |
| JYNARQUE ORAL TABLET                              | T2        | PA; SP; MM; QL          |

| Drug Name                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------|-----------|-------------------------|
| JYNARQUE ORAL TABLETS, SEQUENTIAL                  | T2        | PA; SP; MM; QL          |
| <i>kaitlib fe oral tablet, chewable</i>            | T1        | MM                      |
| KALETRA ORAL SOLUTION                              | T2        | BP; MM                  |
| KALETRA ORAL TABLET                                | T2        | BP; MM                  |
| <i>kalliga oral tablet</i>                         | T1        | MM                      |
| KALYDECO ORAL GRANULES IN PACKET                   | T2        | PA; SP; MM              |
| KALYDECO ORAL TABLET                               | T2        | PA; SP; MM              |
| KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR | T3        | MM                      |
| KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR    | T3        |                         |
| <i>kariva (28) oral tablet</i>                     | T1        | MM                      |
| KATERZIA ORAL SUSPENSION                           | T2        | MM                      |
| KAZANO ORAL TABLET                                 | T3        | PA; MM                  |
| <i>kelnor 1/35 (28) oral tablet</i>                | T1        | MM                      |
| <i>kelnor 1-50 (28) oral tablet</i>                | T1        | MM                      |
| KENALOG TOPICAL AEROSOL                            | T2        | BP                      |
| KEPPRA ORAL SOLUTION                               | T2        | BP; MM                  |
| KEPPRA ORAL TABLET                                 | T2        | BP; MM                  |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR       | T2        | BP; MM                  |

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| Drug Name                                                                 | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------|-----------|-------------------------|
| KERENDIA ORAL<br>TABLET                                                   | T2        | PA; MM; QL              |
| KESIMPTA PEN<br>SUBCUTANEOU<br>S PEN INJECTOR                             | T2        | PA; SP; MM; LA          |
| <i>ketoconazole oral<br/>tablet</i>                                       | T1        |                         |
| <i>ketoconazole<br/>topical cream</i>                                     | T1        |                         |
| <i>ketoconazole<br/>topical foam</i>                                      | T3        |                         |
| <i>ketoconazole<br/>topical shampoo</i>                                   | T1        |                         |
| <i>ketodan kit topical<br/>combo pack</i>                                 | EXC       |                         |
| <i>ketodan topical<br/>foam</i>                                           | EXC       |                         |
| <i>ketoprofen oral<br/>capsule 25 mg</i>                                  | T3        |                         |
| <i>ketoprofen oral<br/>capsule 50 mg, 75<br/>mg</i>                       | T3        | MM                      |
| <i>ketoprofen oral<br/>capsule, ext rel.<br/>pellets 24 hr 200<br/>mg</i> | T3        | MM                      |
| <i>ketorolac injection<br/>solution 15 mg/ml,<br/>30 mg/ml (1 ml)</i>     | T2        |                         |
| <i>ketorolac injection<br/>solution 30 mg/ml</i>                          | EXC       |                         |
| <i>ketorolac<br/>intramuscular<br/>solution</i>                           | T2        |                         |
| KETOROLAC<br>NASAL<br>SPRAY, NON-<br>AEROSOL                              | T3        | PA; QL                  |
| <i>ketorolac<br/>ophthalmic (eye)<br/>drops</i>                           | T1        |                         |
| <i>ketorolac oral<br/>tablet</i>                                          | T3        |                         |
| KEVEYIS ORAL<br>TABLET                                                    | T3        | PA; SP; BP; MM          |

| Drug Name                                                      | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------|-----------|-------------------------|
| KEVZARA<br>SUBCUTANEOU<br>S PEN INJECTOR                       | T2        | PA; SP; MM;<br>QL; LA   |
| KEVZARA<br>SUBCUTANEOU<br>S SYRINGE                            | T2        | PA; SP; MM;<br>QL; LA   |
| KINERET<br>SUBCUTANEOU<br>S SYRINGE                            | EXC       | PA; SP; MM; QL          |
| KINRIX (PF)<br>INTRAMUSCULA<br>R SYRINGE                       | T2        |                         |
| <i>kiprofen oral<br/>capsule</i>                               | T3        |                         |
| KISQALI<br>FEMARA CO-<br>PACK ORAL<br>TABLET                   | T3        | PA; SP; MM              |
| KISQALI ORAL<br>TABLET                                         | T2        | PA; SP; MM;<br>QL; LA   |
| KITABIS PAK<br>INHALATION<br>SOLUTION FOR<br>NEBULIZATION      | T2        | SP; MM                  |
| KLARON<br>TOPICAL<br>SUSPENSION                                | T2        | BP                      |
| <i>klayesta topical<br/>powder</i>                             | T1        |                         |
| KLISYRI<br>TOPICAL<br>OINTMENT IN<br>PACKET                    | T3        | PA                      |
| KLONOPIN ORAL<br>TABLET                                        | T2        | BP; MM                  |
| <i>klor-con 10 oral<br/>tablet extended<br/>release</i>        | T1        | MM                      |
| <i>klor-con 8 oral<br/>tablet extended<br/>release</i>         | T1        | MM                      |
| <i>klor-con m10 oral<br/>tablet, er<br/>particles/crystals</i> | T1        | MM                      |

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| Drug Name                                             | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------|-----------|-------------------------|
| <i>klor-con m15 oral tablet,er particles/crystals</i> | T1        | MM                      |
| <i>klor-con m20 oral tablet,er particles/crystals</i> | T1        | MM                      |
| <i>klor-con oral packet</i>                           | T1        | MM                      |
| <i>klor-con/ef oral tablet, effervescent</i>          | T3        | MM                      |
| KLOXXADO NASAL SPRAY,NON-AEROSOL                      | T2        | QL                      |
| <i>kobee oral tablet</i>                              | T1        | MM                      |
| KOGENATE FS INTRAVENOUS RECON SOLN                    | T2        | SP; MM; LA              |
| KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION           | T2        | MM; QL                  |
| KORLYM ORAL TABLET                                    | T3        | PA; SP; BP; MM; QL      |
| KOSELUGO ORAL CAPSULE                                 | T2        | PA; SP; MM              |
| KOSHER PRENATAL PLUS IRON ORAL TABLET                 | T2        | MM                      |
| <i>kourzeq dental paste</i>                           | EXC       |                         |
| KOVALTRY INTRAVENOUS RECON SOLN                       | T2        | SP; MM; LA              |
| K-PHOS NO 2 ORAL TABLET                               | T3        |                         |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE                   | EXC       |                         |
| <i>k-phos-neutral oral tablet</i>                     | T1        |                         |

| Drug Name                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------|-----------|-------------------------|
| KRAZATI ORAL TABLET                                                      | T2        | PA; SP; MM; QL; LA      |
| KRINTAFEL ORAL TABLET                                                    | T3        |                         |
| KRISTALOSE ORAL PACKET                                                   | T2        | MM                      |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ                                | T2        | BP; MM                  |
| <i>kurvelo (28) oral tablet</i>                                          | T1        | MM                      |
| KUVAN ORAL POWDER IN PACKET                                              | T2        | PA; SP; BP; MM          |
| KUVAN ORAL TABLET,SOLUBLE                                                | T2        | PA; SP; BP; MM          |
| KYZATREX ORAL CAPSULE                                                    | T3        | PA; MM; QL              |
| <i>l norgest/e.estradiol -e.estradiol oral tablets,dose pack,3 month</i> | T1        | MM                      |
| <i>labetalol oral tablet</i>                                             | T1        | MM                      |
| <i>lacosamide oral solution</i>                                          | T1        | PA; MM                  |
| <i>lacosamide oral tablet</i>                                            | T1        | MM                      |
| LACRISERT OPHTHALMIC (EYE) INSERT                                        | T3        |                         |
| <i>lactated ringers irrigation solution</i>                              | T2        |                         |
| <i>lactulose oral packet</i>                                             | EXC       | MM                      |
| <i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>              | T1        | MM                      |
| LAGEVRIO (EUA) ORAL CAPSULE                                              | T2        | QL                      |

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| Drug Name                                                                     | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------|-----------|-------------------------|
| LAMICTAL ODT<br>ORAL<br>TABLET,DISINTE<br>GRATING                             | T3        | BP; MM                  |
| LAMICTAL ODT<br>STARTER (BLUE)<br>ORAL TABLET<br>DISINTEGRATING, DOSE PK      | T3        | BP                      |
| LAMICTAL ODT<br>STARTER<br>(GREEN) ORAL<br>TABLET<br>DISINTEGRATING, DOSE PK  | T3        | BP                      |
| LAMICTAL ODT<br>STARTER<br>(ORANGE) ORAL<br>TABLET<br>DISINTEGRATING, DOSE PK | T3        | BP; QL                  |
| LAMICTAL ORAL<br>TABLET                                                       | T2        | BP; MM                  |
| LAMICTAL ORAL<br>TABLET,<br>CHEWABLE<br>DISPERSIBLE 25<br>MG, 5 MG            | T2        | BP; MM                  |
| LAMICTAL<br>STARTER (BLUE)<br>KIT ORAL<br>TABLETS,DOSE<br>PACK                | T3        | BP                      |
| LAMICTAL<br>STARTER<br>(GREEN) KIT<br>ORAL<br>TABLETS,DOSE<br>PACK            | T3        | BP                      |
| LAMICTAL<br>STARTER<br>(ORANGE) KIT<br>ORAL<br>TABLETS,DOSE<br>PACK           | T3        | BP                      |

| Drug Name                                                                      | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------|-----------|-------------------------|
| LAMICTAL XR<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24HR                         | T3        | BP; MM                  |
| LAMICTAL XR<br>STARTER (BLUE)<br>ORAL TABLET<br>EXTENDED<br>REL,DOSE PACK      | T3        |                         |
| LAMICTAL XR<br>STARTER<br>(GREEN) ORAL<br>TABLET<br>EXTENDED<br>REL,DOSE PACK  | T3        |                         |
| LAMICTAL XR<br>STARTER<br>(ORANGE) ORAL<br>TABLET<br>EXTENDED<br>REL,DOSE PACK | T3        |                         |
| <i>lamivudine oral<br/>solution</i>                                            | T1        | MM                      |
| <i>lamivudine oral<br/>tablet</i>                                              | T1        | MM                      |
| <i>lamivudine-<br/>zidovudine oral<br/>tablet</i>                              | T1        | MM                      |
| <i>lamotrigine oral<br/>tablet</i>                                             | T1        | MM                      |
| <i>lamotrigine oral<br/>tablet<br/>disintegrating,<br/>dose pk</i>             | EXC       |                         |
| <i>lamotrigine oral<br/>tablet extended<br/>release 24hr</i>                   | T3        | MM                      |
| <i>lamotrigine oral<br/>tablet, chewable<br/>dispersible</i>                   | T1        | MM                      |
| <i>lamotrigine oral<br/>tablet,disintegrating</i>                              | T3        | MM                      |
| <i>lamotrigine oral<br/>tablets,dose pack</i>                                  | T3        |                         |
| LAMPIT ORAL<br>TABLET                                                          | T3        |                         |

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| Drug Name                                                      | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------|-----------|-------------------------|
| LANCETS 33 GAUGE                                               | T2        | MM                      |
| LANCING DEVICE                                                 | T2        |                         |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)      | T2        | BP; MM                  |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)                       | T3        | BP; MM                  |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> | T3        | MM                      |
| <i>lansoprazole oral tablet, disintegrat, delay rel</i>        | EXC       | MM                      |
| <i>lanthanum oral tablet, chewable</i>                         | T1        | MM                      |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN         | T2        | MM                      |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION                     | T2        | MM                      |
| <i>lapatinib oral tablet</i>                                   | T1        | PA; SP; MM; QL; LA      |
| <i>larin 1.5/30 (21) oral tablet</i>                           | T1        | MM                      |
| <i>larin 1/20 (21) oral tablet</i>                             | T1        | MM                      |
| <i>larin 24 fe oral tablet</i>                                 | T1        | MM                      |
| <i>larin fe 1.5/30 (28) oral tablet</i>                        | T1        | MM                      |
| <i>larin fe 1/20 (28) oral tablet</i>                          | T1        | MM                      |
| LASIX ORAL TABLET                                              | T2        | BP; MM                  |

| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| <i>latanoprost ophthalmic (eye) drops</i>                        | T1        | MM                      |
| LATUDA ORAL TABLET                                               | EXC       | BP; MM; QL              |
| <i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i> | T1        |                         |
| <i>laxative peg 3350 oral powder</i>                             | T1        |                         |
| <i>layolis fe oral tablet, chewable</i>                          | T1        | MM                      |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET                                | T2        | PA; SP; LA              |
| <i>leena 28 oral tablet</i>                                      | T1        | MM                      |
| <i>leflunomide oral tablet</i>                                   | T1        | MM                      |
| <i>lenalidomide oral capsule</i>                                 | T1        | PA; SP; MM; QL          |
| LENVIMA ORAL CAPSULE                                             | T2        | PA; SP; MM; QL; LA      |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR                     | T3        | BP; MM                  |
| <i>lessina oral tablet</i>                                       | T1        | MM                      |
| LETAIRIS ORAL TABLET                                             | T2        | PA; SP; BP; MM          |
| <i>letrozole oral tablet</i>                                     | T1        | MM                      |
| <i>leucovorin calcium oral tablet</i>                            | T1        |                         |
| LEUKERAN ORAL TABLET                                             | T2        |                         |
| LEUKINE INJECTION RECON SOLN                                     | T2        | SP                      |

| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | T3        | SP                      |
| <i>leuprolide subcutaneous kit</i>                               | T2        | SP; MM                  |
| <i>levalbuterol hcl inhalation solution for nebulization</i>     | T1        | ST; MM                  |
| LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER             | T2        | ST; MM; QL              |
| LEVAMLODIPINE ORAL TABLET                                        | T3        | PA; MM                  |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HR                        | T2        | BP; MM                  |
| LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN                         | T3        | MM                      |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION                      | T2        | MM                      |
| <i>levetiracetam oral solution</i>                               | T1        | MM                      |
| <i>levetiracetam oral tablet</i>                                 | T1        | MM                      |
| <i>levetiracetam oral tablet extended release 24 hr</i>          | T1        | MM                      |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                  | T3        | MM                      |
| <i>levocarnitine (with sugar) oral solution</i>                  | T1        | MM                      |
| <i>levocarnitine oral solution 100 mg/ml</i>                     | T1        | MM                      |

| Drug Name                                                                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>levocarnitine oral tablet</i>                                                                                         | T1        | MM                      |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i>                                                                         | T3        |                         |
| <i>levofloxacin oral solution</i>                                                                                        | T1        |                         |
| <i>levofloxacin oral tablet</i>                                                                                          | T1        |                         |
| <i>levonest (28) oral tablet</i>                                                                                         | T1        | MM                      |
| <i>levonorgest-eth.estradiol-iron oral tablet</i>                                                                        | T1        | MM                      |
| <i>levonorgestrel oral tablet</i>                                                                                        | T1        |                         |
| <i>levonorgestrel-ethinyl estrad oral tablet</i>                                                                         | T1        | MM                      |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>                                                      | T1        | MM                      |
| <i>levonorg-eth estrad triphasic oral tablet</i>                                                                         | T1        | MM                      |
| <i>levora-28 oral tablet</i>                                                                                             | T1        | MM                      |
| <i>levorphanol tartrate oral tablet</i>                                                                                  | EXC       | PA; QL                  |
| <i>levo-t oral tablet</i>                                                                                                | T1        | MM                      |
| LEVOTHYROXINE ORAL CAPSULE                                                                                               | T3        | MM                      |
| <i>levothyroxine oral tablet</i>                                                                                         | T1        | MM                      |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | T1        | MM                      |
| LEVSIN ORAL TABLET                                                                                                       | T2        | BP; MM                  |

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| Drug Name                                                                      | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------|-----------|-------------------------|
| LEVSIN/SL<br>SUBLINGUAL<br>TABLET                                              | T2        | BP; MM                  |
| LEVULAN<br>TOPICAL<br>SOLUTION                                                 | EXC       |                         |
| LEXAPRO ORAL<br>TABLET                                                         | T2        | BP; MM                  |
| LEXETTE<br>TOPICAL FOAM                                                        | T3        | PA; QL                  |
| LIALDA ORAL<br>TABLET, DELAYE<br>D RELEASE<br>(DR/EC)                          | T2        | BP; MM                  |
| LIBERVANT<br>BUCCAL FILM                                                       | T3        | PA; QL                  |
| LIBRAX (WITH<br>CLIDINIUM)<br>ORAL CAPSULE                                     | T3        | BP; MM                  |
| LICART<br>TRANSDERMAL<br>PATCH 24 HOUR                                         | T3        | PA                      |
| <i>lidocaine (pf)<br/>injection solution<br/>40 mg/ml (4 %)</i>                | T2        |                         |
| <i>lidocaine hcl<br/>laryngotracheal<br/>solution</i>                          | T1        |                         |
| <i>lidocaine hcl<br/>mucous<br/>membrane<br/>solution 4 % (40<br/>mg/ml)</i>   | T1        |                         |
| <i>lidocaine hcl-<br/>hydrocortison ac<br/>rectal cream</i>                    | T3        |                         |
| LIDOCAINE HCL-<br>HYDROCORTISO<br>N AC RECTAL<br>GEL                           | EXC       |                         |
| <i>lidocaine hcl-<br/>hydrocortison ac<br/>rectal kit 2 %-2 %<br/>(7 gram)</i> | T3        |                         |

| Drug Name                                                                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>lidocaine hcl-<br/>hydrocortison ac<br/>rectal kit 3-0.5 %,<br/>3-1 % (7 gram)</i> | EXC       |                         |
| <i>lidocaine hcl-<br/>hydrocortison ac<br/>topical cream</i>                          | T3        |                         |
| <i>lidocaine topical<br/>adhesive<br/>patch, medicated 5<br/>%</i>                    | T1        |                         |
| <i>lidocaine topical<br/>ointment</i>                                                 | T1        |                         |
| <i>lidocaine viscous<br/>mucous<br/>membrane<br/>solution</i>                         | T1        |                         |
| <i>lidocaine-<br/>hydrocortisone-<br/>aloe rectal gel</i>                             | T3        |                         |
| <i>lidocaine-<br/>hydrocortisone-<br/>aloe rectal kit</i>                             | T3        |                         |
| <i>lidocaine-<br/>prilocaine topical<br/>cream</i>                                    | T1        |                         |
| <i>lidocaine-<br/>prilocaine topical<br/>kit</i>                                      | EXC       |                         |
| LIDOCAINE-<br>TETRACAINE<br>TOPICAL CREAM                                             | EXC       |                         |
| <i>lidocan iii topical<br/>adhesive<br/>patch, medicated</i>                          | EXC       |                         |
| <i>lidocan iv topical<br/>adhesive<br/>patch, medicated</i>                           | EXC       |                         |
| <i>lidocan v topical<br/>adhesive<br/>patch, medicated</i>                            | EXC       |                         |
| <i>lidocort topical<br/>cream</i>                                                     | T3        |                         |

| Drug Name                                                     | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------|-----------|-------------------------|
| LIDODERM<br>TOPICAL<br>ADHESIVE<br>PATCH,MEDICAT<br>ED        | T2        | BP                      |
| LIKMEZ ORAL<br>SUSPENSION                                     | T3        | PA; QL                  |
| <i>linezolid oral<br/>suspension for<br/>reconstitution</i>   | T1        |                         |
| <i>linezolid oral tablet</i>                                  | T1        |                         |
| LINZESS ORAL<br>CAPSULE                                       | T2        | MM                      |
| <i>liothyronine oral<br/>tablet</i>                           | T1        | MM                      |
| LIPITOR ORAL<br>TABLET                                        | T2        | BP; MM                  |
| LIPOFEN ORAL<br>CAPSULE                                       | T3        | MM                      |
| LIQREV ORAL<br>SUSPENSION                                     | EXC       | SP; MM                  |
| <i>lisdexamphetamine<br/>oral capsule</i>                     | T1        | ST; MM; QL              |
| <i>lisdexamphetamine<br/>oral<br/>tablet, chewable</i>        | T1        | ST; MM; QL              |
| <i>lisinopril oral tablet</i>                                 | T1        | MM                      |
| <i>lisinopril-<br/>hydrochlorothiazid<br/>e oral tablet</i>   | T1        | MM                      |
| LITEAIRE MDI<br>CHAMBER<br>SPACER                             | T3        |                         |
| LITFULO ORAL<br>CAPSULE                                       | T2        | PA; SP; MM; QL          |
| <i>lithium carbonate<br/>oral capsule</i>                     | T1        | MM                      |
| <i>lithium carbonate<br/>oral tablet</i>                      | T1        | MM                      |
| <i>lithium carbonate<br/>oral tablet<br/>extended release</i> | T1        | MM                      |
| <i>lithium citrate oral<br/>solution</i>                      | T3        | MM                      |

| Drug Name                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------|-----------|-------------------------|
| LITHOBID ORAL<br>TABLET<br>EXTENDED<br>RELEASE             | T2        | BP; MM                  |
| LITHOSTAT<br>ORAL TABLET                                   | T3        |                         |
| LIVALO ORAL<br>TABLET                                      | T3        | BP; MM                  |
| LIVMARLI ORAL<br>SOLUTION                                  | T3        | PA; SP; MM; QL          |
| LIVTENCITY<br>ORAL TABLET                                  | T2        | PA; QL                  |
| LO LOESTRIN FE<br>ORAL TABLET                              | T2        | MM                      |
| LOCOID<br>LIPOCREAM<br>TOPICAL CREAM                       | T3        | BP                      |
| LOCOID<br>TOPICAL LOTION                                   | T3        | BP                      |
| LODINE ORAL<br>TABLET                                      | T2        | BP; MM                  |
| LODOCO ORAL<br>TABLET                                      | T3        | PA; MM; QL              |
| LODOSYN ORAL<br>TABLET                                     | T2        | BP; MM                  |
| LOESTRIN 1.5/30<br>(21) ORAL<br>TABLET                     | T1        | BP; MM                  |
| LOESTRIN 1/20<br>(21) ORAL<br>TABLET                       | T1        | BP; MM                  |
| LOESTRIN FE<br>1.5/30 (28-DAY)<br>ORAL TABLET              | T1        | BP; MM                  |
| LOESTRIN FE<br>1/20 (28-DAY)<br>ORAL TABLET                | T1        | BP; MM                  |
| <i>lofena oral tablet</i>                                  | EXC       |                         |
| <i>lojaimiess oral<br/>tablets, dose<br/>pack, 3 month</i> | T1        | MM                      |
| LOKELMA ORAL<br>POWDER IN<br>PACKET                        | T2        | PA; MM; QL              |
| LOMAIRA ORAL<br>TABLET                                     | T2        |                         |

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| Drug Name                                       | Drug Tier | Requirements/<br>Limits            |
|-------------------------------------------------|-----------|------------------------------------|
| LOMOTIL ORAL TABLET                             | T2        | BP                                 |
| LONSURF ORAL TABLET                             | T2        | PA; SP; QL; LA                     |
| LOPID ORAL TABLET                               | T2        | BP; MM                             |
| <i>lopinavir-ritonavir oral solution</i>        | T1        | MM                                 |
| <i>lopinavir-ritonavir oral tablet</i>          | T1        | MM                                 |
| LOPRESSOR ORAL TABLET                           | T2        | BP; MM                             |
| LOPROX (AS OLAMINE) TOPICAL CREAM               | T2        | BP                                 |
| LOPROX (AS OLAMINE) TOPICAL SUSPENSION          | T2        | BP                                 |
| LOPROX KIT TOPICAL COMBO PACK                   | EXC       |                                    |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER | EXC       |                                    |
| <i>lorazepam intensol oral concentrate</i>      | T1        |                                    |
| <i>lorazepam oral concentrate</i>               | T1        |                                    |
| <i>lorazepam oral tablet</i>                    | T1        |                                    |
| LORBRENA ORAL TABLET                            | T2        | PA; SP; MM; QL; LA                 |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR   | EXC       | Preferred Alternatives (lorazepam) |
| <i>loryna (28) oral tablet</i>                  | T1        | MM                                 |
| LORZONE ORAL TABLET                             | T3        | BP                                 |
| <i>losartan oral tablet</i>                     | T1        | MM                                 |

| Drug Name                                                       | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------|-----------|-------------------------|
| <i>losartan-hydrochlorothiazide oral tablet</i>                 | T1        | MM                      |
| LOTEMAX OPHTHALMIC (EYE) DROPS, GEL                             | T3        | BP                      |
| LOTEMAX OPHTHALMIC (EYE) DROPS, SUSPENSION                      | T3        | BP                      |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT                               | T3        |                         |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL                          | T3        |                         |
| LOTENSIN HCT ORAL TABLET                                        | T2        | BP; MM                  |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG                        | T2        | BP; MM                  |
| <i>loteprednol etabonate ophthalmic (eye) drops, gel</i>        | T3        |                         |
| <i>loteprednol etabonate ophthalmic (eye) drops, suspension</i> | T3        |                         |
| LOTREL ORAL CAPSULE                                             | T2        | BP; MM                  |
| LOTREXONE ORAL CAPSULE                                          | EXC       |                         |
| LOTRONEX ORAL TABLET                                            | T2        | BP                      |
| <i>lovastatin oral tablet</i>                                   | T1        | MM                      |
| LOVAZA ORAL CAPSULE                                             | T2        | BP; MM                  |
| LOVENOX SUBCUTANEOUS SOLUTION                                   | T2        | SP; BP                  |

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| Drug Name                                                             | Drug Tier | Requirements/<br>Limits                                              |
|-----------------------------------------------------------------------|-----------|----------------------------------------------------------------------|
| LOVENOX<br>SUBCUTANEOUS SYRINGE                                       | T2        | SP; BP                                                               |
| <i>low-ogestrel (28)<br/>oral tablet</i>                              | T1        | MM                                                                   |
| <i>loxapine succinate<br/>oral capsule</i>                            | T3        | MM                                                                   |
| <i>lo-zumandimine<br/>(28) oral tablet</i>                            | T1        | MM                                                                   |
| <i>lubiprostone oral<br/>capsule</i>                                  | T1        | MM; Preferred<br>Alternatives<br>(MOTEGRITY,<br>AMITIZA,<br>LINZESS) |
| LUCEMYRA<br>ORAL TABLET                                               | T3        | QL                                                                   |
| <i>ludent fluoride oral<br/>tablet, chewable</i>                      | T1        | MM                                                                   |
| <i>lugols oral solution</i>                                           | T1        |                                                                      |
| <i>lugols topical<br/>solution</i>                                    | EXC       |                                                                      |
| LULICONAZOLE<br>TOPICAL CREAM                                         | T3        |                                                                      |
| LUMAKRAS<br>ORAL TABLET                                               | T2        | PA; SP; MM;<br>QL; LA                                                |
| LUMIGAN<br>OPHTHALMIC<br>(EYE) DROPS<br>0.01 %                        | T2        | MM                                                                   |
| LUMRYZ ORAL<br>EXTEND<br>RELEASE<br>GRANULES, PAC<br>KET              | T2        | PA; SP; MM; QL                                                       |
| LUNESTA ORAL<br>TABLET                                                | T2        | BP                                                                   |
| LUPKYNIS ORAL<br>CAPSULE                                              | T2        | PA; SP; MM; QL                                                       |
| LUPRON DEPOT<br>(3 MONTH)<br>INTRAMUSCULAR<br>SYRINGE KIT<br>11.25 MG | T2        | SP                                                                   |

| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| LUPRON DEPOT<br>(3 MONTH)<br>INTRAMUSCULAR<br>SYRINGE KIT<br>22.5 MG | T2        | SP; MM                  |
| LUPRON DEPOT<br>(4 MONTH)<br>INTRAMUSCULAR<br>SYRINGE KIT            | T2        | SP; MM                  |
| LUPRON DEPOT<br>(6 MONTH)<br>INTRAMUSCULAR<br>SYRINGE KIT            | T2        | SP; MM                  |
| LUPRON DEPOT<br>INTRAMUSCULAR<br>SYRINGE KIT<br>3.75 MG              | T2        | SP                      |
| LUPRON DEPOT<br>INTRAMUSCULAR<br>SYRINGE KIT<br>7.5 MG               | T2        | SP; MM                  |
| LUPRON DEPOT-<br>PED (3 MONTH)<br>INTRAMUSCULAR<br>SYRINGE KIT       | T2        | SP; MM                  |
| LUPRON DEPOT-<br>PED<br>INTRAMUSCULAR<br>KIT                         | T2        | SP; MM                  |
| LUPRON DEPOT-<br>PED<br>INTRAMUSCULAR<br>SYRINGE KIT                 | T2        | SP; MM                  |
| <i>lurasidone oral<br/>tablet</i>                                    | T1        | MM; QL                  |
| <i>luter (28) oral<br/>tablet</i>                                    | T1        | MM                      |
| LUZU TOPICAL<br>CREAM                                                | T3        |                         |
| LYBALVI ORAL<br>TABLET                                               | T3        | PA; MM; QL              |
| <i>lyleq oral tablet</i>                                             | T1        | MM                      |
| <i>lyllana<br/>transdermal patch<br/>semiweekly</i>                  | T1        | MM                      |
| LYNPARZA ORAL<br>TABLET                                              | T2        | PA; SP; MM;<br>QL; LA   |

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| Drug Name                                                                            | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------|-----------|-------------------------|
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR                                         | T3        | BP; MM                  |
| LYRICA ORAL CAPSULE                                                                  | T2        | BP; MM                  |
| LYRICA ORAL SOLUTION                                                                 | T2        | BP; MM                  |
| LYSODREN ORAL TABLET                                                                 | T2        | SP; MM                  |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | T2        | PA; SP; MM; QL; LA      |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN                               | EXC       | MM                      |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN                               | EXC       | MM                      |
| LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR                      | EXC       | MM                      |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION                                          | EXC       | MM                      |
| LYVISPAH ORAL GRANULES IN PACKET                                                     | T3        | MM; QL                  |
| <i>lyza oral tablet</i>                                                              | T1        | MM                      |
| MACROBID ORAL CAPSULE                                                                | T2        | BP                      |
| MACRODANTIN ORAL CAPSULE                                                             | T2        | BP                      |
| <i>mafenide acetate topical packet</i>                                               | T1        |                         |

| Drug Name                                           | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------|-----------|-------------------------|
| <i>magnesium citrate oral solution</i>              | T1        |                         |
| MALARONE ORAL TABLET                                | T2        | BP                      |
| MALARONE PEDIATRIC ORAL TABLET                      | T2        | BP                      |
| <i>malathion topical lotion</i>                     | T1        |                         |
| <i>maraviroc oral tablet</i>                        | T1        | MM                      |
| MAR-COF CG ORAL LIQUID                              | EXC       |                         |
| MARINOL ORAL CAPSULE                                | T2        | BP                      |
| <i>marlissa (28) oral tablet</i>                    | T1        | MM                      |
| MARNATAL-F ORAL CAPSULE                             | T2        | MM                      |
| MARPLAN ORAL TABLET                                 | T2        | MM                      |
| MATULANE ORAL CAPSULE                               | T2        | SP; LA                  |
| <i>matzim la oral tablet extended release 24 hr</i> | T1        | MM                      |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET              | T3        | PA; SP; MM; QL          |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET               | T3        | PA; SP; MM; QL          |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET               | T3        | PA; SP; MM; QL          |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET               | T3        | PA; SP; MM; QL          |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET               | T3        | PA; SP; MM; QL          |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET               | T3        | PA; SP; MM; QL          |

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| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| MAVENCLAD (9<br>TABLET PACK)<br>ORAL TABLET                          | T3        | PA; SP; MM; QL          |
| MAVYRET ORAL<br>PELLETS IN<br>PACKET                                 | EXC       | PA; SP; LA              |
| MAVYRET ORAL<br>TABLET                                               | T2        | PA; SP; LA              |
| MAXALT ORAL<br>TABLET 10 MG                                          | T2        | BP; QL                  |
| MAXALT-MLT<br>ORAL<br>TABLET,DISINTE<br>GRATING 10 MG                | T2        | BP; QL                  |
| MAXIDEX<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION               | T2        |                         |
| MAXITROL<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION              | T2        | BP                      |
| MAXITROL<br>OPHTHALMIC<br>(EYE) OINTMENT                             | T2        | BP                      |
| <i>maxi-tuss ac oral<br/>liquid</i>                                  | T1        |                         |
| MAXI-TUSS CD<br>ORAL LIQUID                                          | EXC       |                         |
| MAYZENT ORAL<br>TABLET                                               | T2        | PA; SP; MM; LA          |
| MAYZENT<br>STARTER(FOR<br>1MG MAINT)<br>ORAL<br>TABLETS,DOSE<br>PACK | T2        | PA; SP; LA              |
| MAYZENT<br>STARTER(FOR<br>2MG MAINT)<br>ORAL<br>TABLETS,DOSE<br>PACK | T2        | PA; SP; LA              |

| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| MECLIZINE<br>ORAL TABLET 50<br>MG                                    | EXC       |                         |
| <i>meclofenamate<br/>oral capsule</i>                                | T3        | MM                      |
| MEDROL (PAK)<br>ORAL<br>TABLETS,DOSE<br>PACK                         | T2        | BP                      |
| MEDROL ORAL<br>TABLET 16 MG, 4<br>MG, 8 MG                           | T2        | BP                      |
| MEDROL ORAL<br>TABLET 2 MG                                           | T2        |                         |
| <i>medroxyprogester<br/>one intramuscular<br/>suspension</i>         | T2        | MM                      |
| <i>medroxyprogester<br/>one intramuscular<br/>syringe</i>            | T2        | MM                      |
| <i>medroxyprogester<br/>one oral tablet</i>                          | T1        | MM                      |
| <i>mefenamic acid<br/>oral capsule</i>                               | T3        |                         |
| <i>mefloquine oral<br/>tablet</i>                                    | T1        |                         |
| <i>megestrol oral<br/>suspension 400<br/>mg/10 ml (40<br/>mg/ml)</i> | T1        | MM                      |
| <i>megestrol oral<br/>suspension 625<br/>mg/5 ml (125<br/>mg/ml)</i> | T3        | MM                      |
| <i>megestrol oral<br/>tablet</i>                                     | T1        |                         |
| MEKINIST ORAL<br>RECON SOLN                                          | T2        | PA; SP; MM              |
| MEKINIST ORAL<br>TABLET                                              | T2        | PA; SP; MM; LA          |
| MEKTOVI ORAL<br>TABLET                                               | T2        | PA; SP; MM;<br>QL; LA   |
| MELOXICAM<br>ORAL<br>SUSPENSION                                      | EXC       | MM                      |

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| Drug Name                                          | Drug Tier | Requirements/ Limits |
|----------------------------------------------------|-----------|----------------------|
| <i>meloxicam oral tablet</i>                       | T1        | MM                   |
| <i>meloxicam submicronized oral capsule</i>        | EXC       | MM                   |
| <i>memantine oral capsule, sprinkle, or 24hr</i>   | T1        | MM                   |
| <i>memantine oral solution</i>                     | T1        | MM                   |
| <i>memantine oral tablet</i>                       | T1        | MM                   |
| MEMANTINE ORAL TABLETS, DOSE PACK                  | T1        |                      |
| MENEST ORAL TABLET                                 | T2        | MM                   |
| MENOPUR SUBCUTANEOUS RECON SOLN                    | T3        | SP                   |
| MENOSTAR TRANSDERMAL PATCH WEEKLY                  | T2        | MM                   |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION              | T2        |                      |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT      | T2        |                      |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION | T2        |                      |
| <i>meperidine oral solution</i>                    | EXC       | PA; QL               |
| <i>meperidine oral tablet 50 mg</i>                | EXC       | PA; QL               |
| <i>meprobamate oral tablet</i>                     | T3        |                      |
| MEPRON ORAL SUSPENSION                             | T2        | BP                   |
| <i>mercaptopurine oral tablet</i>                  | T1        | MM                   |

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| <i>merzee oral capsule</i>                             | T1        | MM                   |
| <i>mesalamine oral capsule (with delrel tablets)</i>   | T1        | MM                   |
| <i>mesalamine oral capsule, extended release</i>       | T1        | MM                   |
| <i>mesalamine oral capsule, extended release 24hr</i>  | T1        | MM                   |
| <i>mesalamine oral tablet, delayed release (drlec)</i> | T1        | MM                   |
| <i>mesalamine rectal enema</i>                         | T1        | MM                   |
| <i>mesalamine rectal suppository</i>                   | T1        | MM                   |
| <i>mesalamine with cleansing wipe rectal enema kit</i> | T3        | MM                   |
| MESNEX ORAL TABLET                                     | T2        |                      |
| MESTINON ORAL SYRUP                                    | T2        | BP; MM               |
| MESTINON ORAL TABLET                                   | T2        | BP; MM               |
| MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE         | T2        | BP; MM               |
| METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70            | T3        | BP; MM               |
| <i>metaxalone oral tablet</i>                          | T3        |                      |
| <i>metformin oral solution</i>                         | T3        | MM                   |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>  | T1        | MM                   |
| METFORMIN ORAL TABLET 625 MG                           | EXC       | MM                   |

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| Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|
| <i>metformin oral tablet extended release 24 hr</i> | T1        | MM                   |
| <i>metformin oral tablet extended release 24hr</i>  | EXC       | MM                   |
| <i>methadone oral concentrate</i>                   | T1        | QL                   |
| <i>methadone oral solution</i>                      | T1        | PA; QL               |
| <i>methadone oral tablet</i>                        | T1        | QL                   |
| <i>methadone oral tablet, soluble</i>               | T3        | QL                   |
| <i>methadose oral concentrate</i>                   | T1        | QL                   |
| <i>methadose oral tablet, soluble</i>               | T3        | QL                   |
| <i>methamphetamine oral tablet</i>                  | T1        | MM                   |
| <i>methazolamide oral tablet</i>                    | T3        | MM                   |
| <i>methenamine hippurate oral tablet</i>            | T1        |                      |
| <i>methenamine mandelate oral tablet</i>            | T1        |                      |
| <i>methen-sod phos-meth blue-hyos oral tablet</i>   | T3        |                      |
| <i>methimazole oral tablet 10 mg, 5 mg</i>          | T1        | MM                   |
| METHITEST ORAL TABLET                               | T3        | MM                   |
| METHOCARBAMOL ORAL TABLET 1,000 MG                  | EXC       |                      |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>     | T1        |                      |
| <i>methotrexate sodium (pf) injection solution</i>  | T2        |                      |

| Drug Name                                                        | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------|-----------|----------------------|
| <i>methotrexate sodium injection solution</i>                    | T2        |                      |
| <i>methotrexate sodium oral tablet</i>                           | T1        | MM                   |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel</i>          | T1        | MM                   |
| <i>methscopolamine oral tablet 2.5 mg</i>                        | T3        |                      |
| <i>methscopolamine oral tablet 5 mg</i>                          | T3        | MM                   |
| <i>methsuximide oral capsule</i>                                 | T3        | MM                   |
| <i>methyl salicylate oil</i>                                     | EXC       |                      |
| <i>methyl salicylate topical liquid</i>                          | T3        |                      |
| <i>methyl dopa oral tablet</i>                                   | T1        | MM                   |
| <i>methyl dopa-hydrochlorothiazide oral tablet</i>               | T2        | MM                   |
| <i>methyl ergonovine oral tablet</i>                             | T1        |                      |
| METHYLIN ORAL SOLUTION                                           | T2        | BP; MM               |
| <i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i> | T3        | MM                   |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i>       | T3        | MM                   |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50</i>       | T1        | MM                   |
| <i>methylphenidate hcl oral solution</i>                         | T1        | MM                   |
| <i>methylphenidate hcl oral tablet</i>                           | T1        | MM                   |
| <i>methylphenidate hcl oral tablet extended release</i>          | T1        | MM                   |

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| Drug Name                                                                               | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------|-----------|----------------------|
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> | T1        | MM                   |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG               | T3        | MM                   |
| <i>methylphenidate hcl oral tablet, chewable</i>                                        | T1        | MM                   |
| <i>methylphenidate transdermal patch 24 hour</i>                                        | T3        | MM                   |
| <i>methylprednisolone acetate injection suspension 40 mg/ml</i>                         | EXC       |                      |
| <i>methylprednisolone oral tablet</i>                                                   | T1        |                      |
| <i>methylprednisolone oral tablets, dose pack</i>                                       | T1        |                      |
| <i>methyltestosterone oral capsule</i>                                                  | T3        | MM                   |
| <i>metoclopramide hcl oral solution</i>                                                 | T1        |                      |
| <i>metoclopramide hcl oral tablet</i>                                                   | T1        |                      |
| <i>metolazone oral tablet</i>                                                           | T1        | MM                   |
| METOPIRONE ORAL CAPSULE                                                                 | T2        | QL                   |
| <i>metoprolol succinate oral tablet extended release 24 hr</i>                          | T1        | MM                   |
| <i>metoprolol tartrate hydrochlorothiazide oral tablet</i>                              | T1        | MM                   |
| <i>metoprolol tartrate oral tablet</i>                                                  | T1        | MM                   |

| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| METROCREAM TOPICAL CREAM                                | T2        | BP                   |
| METROGEL TOPICAL GEL 1 %                                | T2        | BP                   |
| <i>metronidazole oral capsule</i>                       | T1        |                      |
| <i>metronidazole oral tablet</i>                        | T1        |                      |
| <i>metronidazole topical cream</i>                      | T1        |                      |
| <i>metronidazole topical gel</i>                        | T1        |                      |
| <i>metronidazole topical gel with pump</i>              | T1        |                      |
| <i>metronidazole topical lotion</i>                     | T1        |                      |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | T1        |                      |
| <i>metirosine oral capsule</i>                          | T2        | MM                   |
| <i>mexiletine oral capsule</i>                          | T1        | MM                   |
| MIACALCIN INJECTION SOLUTION                            | T2        | BP                   |
| <i>mibelas 24 fe oral tablet, chewable</i>              | T1        | MM                   |
| MICARDIS HCT ORAL TABLET                                | T3        | BP; MM               |
| MICARDIS ORAL TABLET                                    | T3        | BP; MM               |
| MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT         | T3        |                      |
| <i>miconazole-3 vaginal suppository</i>                 | T1        |                      |
| MICRO BLOOD GLUCOSE STRIP                               | EXC       | PA; MM               |
| MICROCHAMBER SPACER                                     | T3        |                      |

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| Drug Name                                     | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------|-----------|-------------------------|
| MICRODOT BLOOD GLUCOSE SYSTEM                 | EXC       | MM; QL                  |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP           | EXC       | PA; MM                  |
| MICRODOT XTRA BLOOD GLUCOSE STRIP             | EXC       | PA; MM                  |
| <i>microgestin 1.5/30 (21) oral tablet</i>    | T1        | MM                      |
| <i>microgestin 1/20 (21) oral tablet</i>      | T1        | MM                      |
| <i>microgestin 24 fe oral tablet</i>          | T1        | MM                      |
| <i>microgestin fe 1.5/30 (28) oral tablet</i> | T1        | MM                      |
| <i>microgestin fe 1/20 (28) oral tablet</i>   | T1        | MM                      |
| MICROSPACER SPACER                            | T3        |                         |
| <i>midazolam injection solution 5 mg/ml</i>   | EXC       |                         |
| MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)     | EXC       |                         |
| <i>midazolam oral syrup 2 mg/ml</i>           | T1        |                         |
| <i>midodrine oral tablet</i>                  | T1        |                         |
| MIFEPREX ORAL TABLET                          | T2        |                         |
| <i>mifepristone oral tablet 200 mg</i>        | T3        |                         |
| <i>mifepristone oral tablet 300 mg</i>        | EXC       | SP; MM                  |
| <i>migergot rectal suppository</i>            | T2        |                         |
| <i>miglitol oral tablet</i>                   | T3        | MM                      |

| Drug Name                                             | Drug Tier | Requirements/<br>Limits                  |
|-------------------------------------------------------|-----------|------------------------------------------|
| <i>miglustat oral capsule</i>                         | T1        | SP; MM                                   |
| MIGRANAL NASAL SPRAY, NON-AEROSOL                     | T2        | BP; QL                                   |
| <i>mili oral tablet</i>                               | T1        | MM                                       |
| <i>milk of magnesia concentrated oral suspension</i>  | T1        |                                          |
| <i>milk of magnesia oral suspension</i>               | T1        |                                          |
| <i>millipred dp oral tablets, dose pack</i>           | T3        |                                          |
| <i>millipred oral tablet</i>                          | T2        |                                          |
| <i>mimvey oral tablet</i>                             | T1        | MM                                       |
| MINIVELLE TRANSDERMAL PATCH SEMI-WEEKLY               | T2        | BP; MM                                   |
| <i>minocycline oral capsule</i>                       | T1        |                                          |
| MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR       | EXC       | Preferred Alternatives (minocycline hcl) |
| <i>minocycline oral tablet</i>                        | T3        |                                          |
| <i>minocycline oral tablet extended release 24 hr</i> | EXC       | Preferred Alternatives (minocycline hcl) |
| <i>minoxidil oral tablet</i>                          | T1        | MM                                       |
| <i>mirabegron oral tablet extended release 24 hr</i>  | T1        | PA; MM                                   |

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| Drug Name                                                                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| MIRAPEX ER<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR<br>0.375 MG, 0.75<br>MG, 2.25 MG, 3<br>MG, 3.75 MG, 4.5<br>MG | T3        | BP; MM                  |
| <i>mirtazapine oral<br/>tablet</i>                                                                                   | T1        | MM                      |
| <i>mirtazapine oral<br/>tablet, disintegrating</i>                                                                   | T3        | MM                      |
| MIRVASO<br>TOPICAL GEL<br>WITH PUMP                                                                                  | T2        | BP                      |
| <i>misoprostol oral<br/>tablet</i>                                                                                   | T1        | MM                      |
| MITIGARE ORAL<br>CAPSULE                                                                                             | EXC       | BP; MM                  |
| MKO<br>(MIDAZOLAM-<br>KETAMINE-<br>ONDAN)<br>SUBLINGUAL<br>TROCHE                                                    | EXC       |                         |
| M-M-R II (PF)<br>SUBCUTANEOUS<br>RECON SOLN                                                                          | T2        |                         |
| <i>m-natal plus oral<br/>tablet</i>                                                                                  | T2        | MM                      |
| <i>modafinil oral<br/>tablet</i>                                                                                     | T1        | MM                      |
| MODERNA<br>COVID 23-24(6M-<br>11Y)PF<br>INTRAMUSCULAR<br>SUSPENSION                                                  | T2        |                         |
| <i>moexipril oral<br/>tablet</i>                                                                                     | T1        | MM                      |
| <i>molindone oral<br/>tablet</i>                                                                                     | T3        | MM                      |
| <i>mometasone<br/>topical cream</i>                                                                                  | T1        |                         |
| <i>mometasone<br/>topical ointment</i>                                                                               | T1        |                         |

| Drug Name                                                                                                                   | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>mometasone<br/>topical solution</i>                                                                                      | T1        |                         |
| <i>mondoxylene nl oral<br/>capsule 100 mg</i>                                                                               | T1        |                         |
| <i>mondoxylene nl oral<br/>capsule 75 mg</i>                                                                                | EXC       |                         |
| MONODOX ORAL<br>CAPSULE                                                                                                     | T2        | BP                      |
| <i>mono-lynyah oral<br/>tablet</i>                                                                                          | T1        | MM                      |
| <i>montelukast oral<br/>granules in packet</i>                                                                              | T1        | MM                      |
| <i>montelukast oral<br/>tablet</i>                                                                                          | T1        | MM                      |
| <i>montelukast oral<br/>tablet, chewable</i>                                                                                | T1        | MM                      |
| MORGIDOX 1X<br>50 KIT                                                                                                       | EXC       |                         |
| MORGIDOX<br>1X100 KIT                                                                                                       | EXC       |                         |
| <i>morgidox oral<br/>capsule 100 mg</i>                                                                                     | T1        |                         |
| <i>morphine<br/>concentrate oral<br/>solution</i>                                                                           | T1        | PA; QL                  |
| <i>morphine oral<br/>capsule, er<br/>multiphase 24 hr</i>                                                                   | T3        | PA; QL                  |
| <i>morphine oral<br/>capsule, extend. rel<br/>ease pellets 10<br/>mg, 100 mg, 20<br/>mg, 30 mg, 50<br/>mg, 60 mg, 80 mg</i> | T3        | PA; QL                  |
| <i>morphine oral<br/>solution</i>                                                                                           | T1        | PA; QL                  |
| <i>morphine oral<br/>tablet</i>                                                                                             | T1        | PA; QL                  |
| <i>morphine oral<br/>tablet extended<br/>release</i>                                                                        | T1        | PA; QL                  |
| <i>morphine rectal<br/>suppository</i>                                                                                      | T2        | PA; QL                  |
| MOTEGRITY<br>ORAL TABLET                                                                                                    | T2        | MM; QL                  |

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| Drug Name                                                                                                 | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| MOTOFEN ORAL TABLET                                                                                       | T3        |                         |
| MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR                                                            | T3        | PA; MM; QL              |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | T2        | PA; MM; QL              |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML                                                          | T2        | PA; QL                  |
| MOVANTIK ORAL TABLET                                                                                      | T2        |                         |
| MOVIPREP ORAL POWDER IN PACKET                                                                            | T2        | BP; QL                  |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR                                                                  | EXC       |                         |
| <i>moxifloxacin ophthalmic (eye) drops</i>                                                                | T1        |                         |
| <i>moxifloxacin ophthalmic (eye) drops, viscous</i>                                                       | T1        |                         |
| <i>moxifloxacin oral tablet</i>                                                                           | T1        |                         |
| MS CONTIN ORAL TABLET EXTENDED RELEASE                                                                    | T2        | PA; BP; QL              |
| MUGARD MUCOUS MEMBRANE SOLUTION                                                                           | EXC       | SP                      |
| MULPLETA ORAL TABLET                                                                                      | T3        | PA; SP                  |

| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| MULTAQ ORAL TABLET                                               | T2        | MM                      |
| <i>multi-vitamin with fluoride oral drops</i>                    | T1        | MM                      |
| <i>multi-vitamin with fluoride oral tablet, chewable</i>         | T1        | MM                      |
| <i>mupirocin calcium topical cream</i>                           | T1        |                         |
| <i>mupirocin topical ointment</i>                                | T1        |                         |
| <i>mvc-fluoride oral tablet, chewable</i>                        | T1        | MM                      |
| <i>my choice oral tablet</i>                                     | T1        |                         |
| <i>my way oral tablet</i>                                        | T1        |                         |
| MYAMBUTOL ORAL TABLET 400 MG                                     | T2        | BP                      |
| MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC)                   | T3        | PA; SP; MM; QL          |
| MYCOBUTIN ORAL CAPSULE                                           | T2        | BP                      |
| <i>mycophenolate mofetil oral capsule</i>                        | T1        | MM                      |
| <i>mycophenolate mofetil oral suspension for reconstitution</i>  | T1        | MM                      |
| <i>mycophenolate mofetil oral tablet</i>                         | T1        | MM                      |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i> | T1        | PA; MM                  |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR                         | T3        | PA; BP; MM              |

| Drug Name                                                           | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------|-----------|-------------------------|
| MYDRIACYL<br>OPHTHALMIC<br>(EYE) DROPS                              | T2        | BP                      |
| MYDRIATIC4(TR<br>OP-PROP-PE-<br>KTRLC)<br>OPHTHALMIC<br>(EYE) DROPS | EXC       |                         |
| MYFEMBREE<br>ORAL TABLET                                            | T2        | PA; MM; QL              |
| MYFORTIC ORAL<br>TABLET,DELAYE<br>D RELEASE<br>(DR/EC)              | T2        | PA; BP; MM              |
| MYGLUCOHEALT<br>H KIT                                               | EXC       | MM; QL                  |
| MYGLUCOHEALT<br>H STRIP                                             | EXC       | PA; MM                  |
| MYLERAN ORAL<br>TABLET                                              | T2        |                         |
| <i>mynatal oral<br/>capsule</i>                                     | T2        | MM                      |
| <i>mynatal plus oral<br/>tablet</i>                                 | T2        | MM                      |
| <i>mynatal-z oral<br/>tablet</i>                                    | T2        | MM                      |
| MYRBETRIQ<br>ORAL<br>SUSPENSION,EX<br>TENDED REL<br>RECON           | T2        | ST; MM                  |
| MYRBETRIQ<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR               | T2        | ST; MM                  |
| MYSOLINE ORAL<br>TABLET                                             | T2        | BP; MM                  |
| MYTESI ORAL<br>TABLET,DELAYE<br>D RELEASE<br>(DR/EC)                | T3        | SP                      |
| <i>nabumetone oral<br/>tablet</i>                                   | T1        | MM                      |
| <i>nadolol oral tablet</i>                                          | T1        | MM                      |
| <i>naftifine topical<br/>cream</i>                                  | T3        |                         |

| Drug Name                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------|-----------|-------------------------|
| <i>naftifine topical gel<br/>2 %</i>                        | T3        |                         |
| NAFTIN TOPICAL<br>GEL                                       | T3        | BP                      |
| NALFON ORAL<br>CAPSULE 400<br>MG                            | T3        | BP; MM                  |
| NALFON ORAL<br>TABLET                                       | T3        | BP; MM                  |
| NALOCET ORAL<br>TABLET                                      | T1        | PA; QL                  |
| <i>naloxone injection<br/>solution</i>                      | T2        |                         |
| <i>naloxone injection<br/>syringe</i>                       | T2        |                         |
| <i>naloxone nasal<br/>spray,non-aerosol</i>                 | T1        | QL                      |
| NALTREX ORAL<br>CAPSULE                                     | EXC       |                         |
| <i>naltrexone oral<br/>tablet</i>                           | T1        | MM                      |
| NAMENDA<br>TITRATION PAK<br>ORAL<br>TABLETS,DOSE<br>PACK    | T2        |                         |
| NAMENDA XR<br>ORAL<br>CAP,SPRINKLE,E<br>R 24HR DOSE<br>PACK | T2        |                         |
| NAMENDA XR<br>ORAL<br>CAPSULE,SPRIN<br>KLE,ER 24HR          | T2        | BP; MM                  |
| NAMZARIC ORAL<br>CAP,SPRINKLE,E<br>R 24HR DOSE<br>PACK      | T3        | PA                      |
| NAMZARIC ORAL<br>CAPSULE,SPRIN<br>KLE,ER 24HR               | T3        | PA; MM                  |
| NAPRELAN CR<br>ORAL TABLET,<br>ER MULTIPHASE<br>24 HR       | T3        | BP; MM                  |

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| Drug Name                                                                        | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------|-----------|-------------------------|
| NAPROSYN<br>ORAL<br>SUSPENSION                                                   | T2        | BP; MM                  |
| NAPROSYN<br>ORAL TABLET<br>500 MG                                                | EXC       | BP; MM                  |
| <i>naproxen oral<br/>suspension</i>                                              | T1        | MM                      |
| <i>naproxen oral<br/>tablet</i>                                                  | T1        | MM                      |
| <i>naproxen oral<br/>tablet, delayed<br/>release (drlec)</i>                     | T1        | MM                      |
| <i>naproxen sodium<br/>oral tablet 275 mg,<br/>550 mg</i>                        | T1        | MM                      |
| <i>naproxen sodium<br/>oral tablet, er<br/>multiphase 24 hr</i>                  | T3        | MM                      |
| <i>naproxen-<br/>esomeprazole oral<br/>tablet, ir, delayed<br/>rel, biphasic</i> | EXC       | MM                      |
| <i>naratriptan oral<br/>tablet</i>                                               | T1        | QL                      |
| NARCAN NASAL<br>SPRAY, NON-<br>AEROSOL                                           | T2        | BP; QL                  |
| NARDIL ORAL<br>TABLET                                                            | T2        | BP; MM                  |
| NASCOBAL<br>NASAL<br>SPRAY, NON-<br>AEROSOL                                      | T3        | BP; MM                  |
| NATACHEW (FE<br>BIS-GLYCINATE)<br>ORAL<br>TABLET, CHEWA<br>BLE                   | T2        | MM                      |
| NATACYN<br>OPHTHALMIC<br>(EYE)<br>DROPS, SUSPEN<br>SION                          | T2        |                         |
| NATAL PNV<br>ORAL TABLET                                                         | EXC       | MM                      |

| Drug Name                                                                        | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------|-----------|-------------------------|
| NATAZIA ORAL<br>TABLET                                                           | T2        | MM                      |
| <i>nateglinide oral<br/>tablet</i>                                               | T3        | MM                      |
| NATESTO NASAL<br>GEL IN<br>METERED-DOSE<br>PUMP                                  | T3        | PA; MM                  |
| NATROBA<br>TOPICAL<br>SUSPENSION                                                 | T3        | BP                      |
| <i>natura-lax oral<br/>powder</i>                                                | T1        |                         |
| NAYZILAM<br>NASAL<br>SPRAY, NON-<br>AEROSOL                                      | T2        | PA; QL                  |
| <i>nebivolol oral<br/>tablet</i>                                                 | T3        | MM                      |
| NEBUPENT<br>INHALATION<br>RECON SOLN                                             | T2        | BP; MM                  |
| <i>nebusal inhalation<br/>solution for<br/>nebulization 3 %</i>                  | T1        |                         |
| NEBUSAL<br>INHALATION<br>SOLUTION FOR<br>NEBULIZATION 6<br>%                     | T2        |                         |
| <i>necon 0.5/35 (28)<br/>oral tablet</i>                                         | T1        | MM                      |
| <i>nefazodone oral<br/>tablet</i>                                                | T1        | ST; MM                  |
| <i>neomycin oral<br/>tablet</i>                                                  | T1        |                         |
| <i>neomycin-<br/>bacitracin-poly-hc<br/>ophthalmic (eye)<br/>ointment</i>        | T1        |                         |
| <i>neomycin-<br/>bacitracin-<br/>polymyxin<br/>ophthalmic (eye)<br/>ointment</i> | T1        |                         |

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| Drug Name                                                       | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------|-----------|-------------------------|
| neomycin-polymyxin b gu irrigation solution                     | T3        |                         |
| neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension | T1        |                         |
| neomycin-polymyxin b-dexameth ophthalmic (eye) ointment         | T1        |                         |
| neomycin-polymyxin-gramicidin ophthalmic (eye) drops            | T1        |                         |
| neomycin-polymyxin-hc ophthalmic (eye) drops,suspension         | T1        |                         |
| neomycin-polymyxin-hc otic (ear) drops,suspension               | T1        |                         |
| neomycin-polymyxin-hc otic (ear) solution                       | T1        |                         |
| NEONATAL COMPLETE ORAL TABLET                                   | T2        | MM                      |
| NEONATAL PLUS VITAMIN ORAL TABLET                               | EXC       | MM                      |
| NEONATAL-DHA ORAL COMBO PACK                                    | T2        | MM                      |
| neo-polycin hc ophthalmic (eye) ointment                        | T1        |                         |
| neo-polycin ophthalmic (eye) ointment                           | T1        |                         |
| NEORAL ORAL CAPSULE                                             | T2        | BP; MM                  |

| Drug Name                                  | Drug Tier | Requirements/<br>Limits               |
|--------------------------------------------|-----------|---------------------------------------|
| NEORAL ORAL SOLUTION                       | T2        | BP; MM                                |
| NEO-SYNALAR KIT TOPICAL CREAM              | EXC       |                                       |
| NEO-SYNALAR TOPICAL CREAM                  | T3        |                                       |
| NERLYNX ORAL TABLET                        | T2        | PA; SP; QL; LA                        |
| NESINA ORAL TABLET                         | T3        | PA; MM                                |
| NESTABS ABC ORAL COMBO PACK                | EXC       | MM                                    |
| NESTABS DHA ORAL COMBO PACK                | T2        | MM                                    |
| NESTABS ORAL TABLET                        | T2        | MM                                    |
| NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL | T3        |                                       |
| neuac topical gel                          | T1        |                                       |
| NEULASTA SUBCUTANEOU S SYRINGE             | EXC       | SP; Preferred Alternatives (FULPHILA) |
| NEUPOGEN INJECTION SOLUTION                | T3        | PA; SP                                |
| NEUPOGEN INJECTION SYRINGE                 | T3        | PA; SP                                |
| NEUPRO TRANSDERMAL PATCH 24 HOUR           | T2        | MM                                    |
| NEURONTIN ORAL CAPSULE                     | T2        | BP; MM                                |
| NEURONTIN ORAL SOLUTION                    | T2        | BP; MM                                |
| NEURONTIN ORAL TABLET                      | T2        | BP; MM                                |
| NEUTEK 2TEK TEST STRIPS STRIP              | EXC       | PA; MM                                |

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| Drug Name                                                                            | Drug Tier | Requirements/<br>Limits                                            |
|--------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| NEVANAC<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION                               | T3        |                                                                    |
| <i>nevirapine oral<br/>suspension</i>                                                | T1        | MM                                                                 |
| <i>nevirapine oral<br/>tablet</i>                                                    | T1        | MM                                                                 |
| <i>nevirapine oral<br/>tablet extended<br/>release 24 hr 100<br/>mg</i>              | T3        | MM                                                                 |
| <i>nevirapine oral<br/>tablet extended<br/>release 24 hr 400<br/>mg</i>              | T1        | MM                                                                 |
| <i>new day oral<br/>tablet</i>                                                       | T1        |                                                                    |
| <i>newgen oral tablet</i>                                                            | T2        | MM                                                                 |
| NEXAVAR ORAL<br>TABLET                                                               | T2        | PA; SP; BP;<br>MM; QL; LA                                          |
| NEXICLON XR<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR                              | EXC       | MM; Preferred<br>Alternatives<br>(clonidine hcl,<br>clonidine hcl) |
| NEXIUM PACKET<br>ORAL<br>GRANULES DR<br>FOR SUSP IN<br>PACKET 10 MG,<br>20 MG, 40 MG | T2        | BP; MM                                                             |
| NEXIUM PACKET<br>ORAL<br>GRANULES DR<br>FOR SUSP IN<br>PACKET 2.5 MG,<br>5 MG        | T2        | MM                                                                 |
| NEXLETOL ORAL<br>TABLET                                                              | T2        | PA; MM; QL                                                         |
| NEXLIZET ORAL<br>TABLET                                                              | T2        | PA; MM; QL                                                         |
| NEXTSTELLIS<br>ORAL TABLET                                                           | T2        | MM                                                                 |
| NGENLA<br>SUBCUTANEOU<br>S PEN INJECTOR                                              | T3        | PA; SP; MM                                                         |

| Drug Name                                                       | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------|-----------|-------------------------|
| <i>niacin oral tablet<br/>500 mg</i>                            | EXC       | MM                      |
| <i>niacin oral tablet<br/>extended release<br/>24 hr</i>        | EXC       | MM                      |
| NIACOR ORAL<br>TABLET                                           | EXC       | MM                      |
| <i>nicardipine oral<br/>capsule</i>                             | T3        | MM                      |
| NICODERM CQ<br>TRANSDERMAL<br>PATCH 24 HOUR                     | T2        | BP                      |
| NICORETTE<br>BUCCAL GUM 2<br>MG                                 | T2        | BP                      |
| <i>nicorette buccal<br/>gum 4 mg</i>                            | T1        |                         |
| NICORETTE<br>BUCCAL<br>LOZENGE                                  | T2        |                         |
| NICORETTE<br>BUCCAL MINI<br>LOZENGE                             | T2        |                         |
| <i>nicotine<br/>(polacrilex) buccal<br/>gum</i>                 | T1        |                         |
| <i>nicotine<br/>(polacrilex) buccal<br/>lozenge</i>             | T1        |                         |
| <i>nicotine<br/>(polacrilex) buccal<br/>mini lozenge</i>        | T1        |                         |
| <i>nicotine<br/>transdermal patch<br/>24 hour</i>               | T1        |                         |
| <i>nicotine<br/>transdermal patch,<br/>td daily, sequential</i> | T1        |                         |
| NICOTROL NS<br>NASAL<br>SPRAY, NON-<br>AEROSOL                  | T2        |                         |
| <i>nifedipine oral<br/>capsule</i>                              | T1        | MM                      |

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| Drug Name                                             | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------|-----------|-------------------------|
| <i>nifedipine oral tablet extended release</i>        | T1        | MM                      |
| <i>nifedipine oral tablet extended release 24hr</i>   | T1        | MM                      |
| <i>nikki (28) oral tablet</i>                         | T1        | MM                      |
| NILANDRON ORAL TABLET                                 | T2        | PA; BP; MM; QL; LA      |
| <i>nilutamide oral tablet</i>                         | T1        | PA; MM; QL; LA          |
| <i>nimodipine oral capsule</i>                        | T1        |                         |
| NINJACOF-XG ORAL LIQUID                               | EXC       |                         |
| NINLARO ORAL CAPSULE                                  | T2        | PA; SP; MM; QL; LA      |
| <i>nisoldipine oral tablet extended release 24 hr</i> | T3        | MM                      |
| <i>nitazoxanide oral tablet</i>                       | T2        |                         |
| <i>nitisinone oral capsule</i>                        | T1        | PA; SP; MM              |
| <i>nitro-bid transdermal ointment</i>                 | T2        | MM                      |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR                   | T2        | MM                      |
| <i>nitrofurantoin macrocrystal oral capsule</i>       | T1        |                         |
| <i>nitrofurantoin monohyd/m-cryst oral capsule</i>    | T1        |                         |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>      | T1        |                         |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML             | EXC       |                         |
| <i>nitroglycerin rectal ointment</i>                  | T3        |                         |

| Drug Name                                            | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------|-----------|-------------------------|
| <i>nitroglycerin sublingual tablet</i>               | T1        | MM                      |
| <i>nitroglycerin transdermal patch 24 hour</i>       | T1        | MM                      |
| <i>nitroglycerin translingual spray, non-aerosol</i> | T1        | MM                      |
| NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL         | T2        | BP; MM                  |
| NITROMIST TRANSLINGUAL AEROSOL, SPRAY                | T2        | BP; MM                  |
| NITROSTAT SUBLINGUAL TABLET                          | T2        | BP; MM                  |
| <i>nitro-time oral capsule, extended release</i>     | T1        | MM                      |
| NITYR ORAL TABLET                                    | T2        | SP; MM                  |
| <i>niva thyroid oral tablet</i>                      | EXC       | MM                      |
| NIVESTYM INJECTION SOLUTION                          | T2        | SP                      |
| NIVESTYM SUBCUTANEOUS SYRINGE                        | T2        | SP                      |
| <i>nizatidine oral capsule</i>                       | T3        | MM                      |
| NOC DURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING    | T3        | MM                      |
| NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING  | T3        | MM                      |
| NOCTIVA NASAL SPRAY, NON-AEROSOL                     | EXC       | MM                      |

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| Drug Name                                                                   | Drug Tier | Requirements/<br>Limits                      |
|-----------------------------------------------------------------------------|-----------|----------------------------------------------|
| <i>nora-be oral tablet</i>                                                  | T1        | MM                                           |
| NORDITROPIN<br>FLEXPRO<br>SUBCUTANEOU<br>S PEN INJECTOR                     | T2        | PA; SP; MM; LA                               |
| <i>norelgestromin-<br/>ethin.estradiol<br/>transdermal patch<br/>weekly</i> | T1        | MM                                           |
| <i>noreth-ethinyl<br/>estradiol-iron oral<br/>tablet, chewable</i>          | T1        | MM                                           |
| <i>norethindrone<br/>(contraceptive)<br/>oral tablet</i>                    | T1        | MM                                           |
| <i>norethindrone<br/>acetate oral tablet</i>                                | T1        | MM                                           |
| <i>norethindrone ac-<br/>eth estradiol oral<br/>tablet</i>                  | T1        | MM                                           |
| <i>norethindrone-<br/>e.estradiol-iron<br/>oral capsule</i>                 | T1        | MM                                           |
| <i>norethindrone-<br/>e.estradiol-iron<br/>oral tablet</i>                  | T1        | MM                                           |
| <i>norethindrone-<br/>e.estradiol-iron<br/>oral<br/>tablet, chewable</i>    | T1        | MM                                           |
| NORGESIC<br>FORTE ORAL<br>TABLET                                            | EXC       | BP                                           |
| NORGESIC<br>ORAL TABLET                                                     | EXC       | BP                                           |
| <i>norgestimate-<br/>ethinyl estradiol<br/>oral tablet</i>                  | T1        | MM                                           |
| NORITATE<br>TOPICAL CREAM                                                   | T3        | Preferred<br>Alternatives<br>(metronidazole) |
| NORLIQVA ORAL<br>SOLUTION                                                   | T3        | MM                                           |

| Drug Name                                             | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------|-----------|-------------------------|
| NORPACE CR<br>ORAL CAPSULE,<br>EXTENDED<br>RELEASE    | T2        | MM                      |
| NORPACE ORAL<br>CAPSULE                               | T2        | BP; MM                  |
| NORTHERA<br>ORAL CAPSULE                              | T2        | SP; BP; MM              |
| <i>nortrel 0.5/35 (28)<br/>oral tablet</i>            | T1        | MM                      |
| <i>nortrel 1/35 (21)<br/>oral tablet</i>              | T1        | MM                      |
| <i>nortrel 1/35 (28)<br/>oral tablet</i>              | T1        | MM                      |
| <i>nortrel 7/7/7 (28)<br/>oral tablet</i>             | T1        | MM                      |
| <i>nortriptyline oral<br/>capsule</i>                 | T1        | MM                      |
| <i>nortriptyline oral<br/>solution</i>                | T1        | MM                      |
| NORVASC ORAL<br>TABLET                                | T2        | BP; MM                  |
| NORVIR ORAL<br>POWDER IN<br>PACKET                    | T3        | MM                      |
| NORVIR ORAL<br>TABLET                                 | T2        | BP; MM                  |
| NOURIANZ ORAL<br>TABLET                               | T3        | PA; SP; MM; QL          |
| NOVA MAX<br>GLUCOSE TEST<br>STRIP                     | EXC       | PA; MM                  |
| NOVA MAX PLUS<br>GLUC-KETON<br>METER DEVICE           | EXC       | MM; QL                  |
| NOVA MAX PLUS<br>GLUC-KETON<br>METER KIT              | EXC       | MM; QL                  |
| NOVAREL<br>INTRAMUSCULA<br>R RECON SOLN<br>5,000 UNIT | T3        | SP                      |



| Drug Name                                               | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------|-----------|-------------------------|
| NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION | T2        |                         |
| NOVOEIGHT INTRAVENOUS RECON SOLN                        | T2        | SP; MM; LA              |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN    | T2        | MM                      |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN              | T2        | MM                      |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN              | T2        | MM                      |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN  | T2        | MM                      |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION    | T2        | MM                      |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN | T2        | MM                      |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE    | T2        | MM                      |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION      | T2        | MM                      |
| NOVOSEVEN RT INTRAVENOUS RECON SOLN                     | T2        | SP; LA                  |

| Drug Name                                     | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------|-----------|-------------------------|
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON   | T2        | PA; QL                  |
| NOXAFIL ORAL SUSPENSION                       | T2        | BP                      |
| NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)   | T2        | BP                      |
| <i>np thyroid oral tablet</i>                 | T1        | MM                      |
| NUBEQA ORAL TABLET                            | T2        | PA; SP; MM; QL; LA      |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR             | T2        | PA; SP; MM; QL; LA      |
| NUCALA SUBCUTANEOUS SYRINGE                   | T2        | PA; SP; MM; QL; LA      |
| NUCORT TOPICAL LOTION                         | EXC       |                         |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR | T2        | PA; QL                  |
| NUCYNTA ORAL TABLET                           | T2        | PA; QL                  |
| NUDEXTA ORAL CAPSULE                          | T2        | PA                      |
| NULEV ORAL TABLET,DISINTEGRATING              | T1        | BP; MM                  |
| NUPLAZID ORAL CAPSULE                         | T2        | PA; SP; MM              |
| NUPLAZID ORAL TABLET                          | T2        | PA; SP; MM              |
| NURTEC ODT ORAL TABLET,DISINTEGRATING         | T2        | PA; QL                  |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR  | T2        | PA; SP; MM; LA          |

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| Drug Name                                      | Drug Tier | Requirements/<br>Limits               |
|------------------------------------------------|-----------|---------------------------------------|
| NUVARING VAGINAL RING                          | T2        | BP; MM                                |
| NUVESSA VAGINAL GEL                            | T2        |                                       |
| NUVIGIL ORAL TABLET                            | T3        | BP; MM                                |
| NUWIQ INTRAVENOUS RECON SOLN                   | T2        | SP; MM; LA                            |
| NUZYRA ORAL TABLET                             | T2        | PA                                    |
| <i>nyamyc topical powder</i>                   | T1        |                                       |
| <i>nylia 1/35 (28) oral tablet</i>             | T1        | MM                                    |
| <i>nylia 7/7/7 (28) oral tablet</i>            | T1        | MM                                    |
| NYMALIZE ORAL SOLUTION                         | T2        |                                       |
| NYMALIZE ORAL SYRINGE                          | T2        |                                       |
| <i>nymyo oral tablet</i>                       | T1        | MM                                    |
| NYNUTEY TOPICAL CREAM                          | EXC       |                                       |
| <i>nystatin oral suspension</i>                | T1        |                                       |
| <i>nystatin oral tablet</i>                    | T1        |                                       |
| <i>nystatin topical cream</i>                  | T1        |                                       |
| <i>nystatin topical ointment</i>               | T1        |                                       |
| <i>nystatin topical powder</i>                 | T1        |                                       |
| <i>nystatin-triamcinolone topical cream</i>    | T1        |                                       |
| <i>nystatin-triamcinolone topical ointment</i> | T1        |                                       |
| <i>nystop topical powder</i>                   | T1        |                                       |
| NYVEPRIA SUBCUTANEOUS SYRINGE                  | EXC       | SP; Preferred Alternatives (FULPHILA) |

| Drug Name                                    | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------|-----------|-------------------------|
| OB COMPLETE ONE ORAL CAPSULE                 | T2        | MM                      |
| OB COMPLETE PETITE ORAL CAPSULE              | T2        | MM                      |
| OB COMPLETE PREMIER ORAL TABLET              | T2        | MM                      |
| OB COMPLETE WITH DHA ORAL CAPSULE            | T2        | MM                      |
| OCALIVA ORAL TABLET                          | T2        | PA; SP; MM; QL          |
| <i>ocella oral tablet</i>                    | T1        | MM                      |
| <i>octreotide acetate injection solution</i> | T2        | SP; MM                  |
| <i>octreotide acetate injection syringe</i>  | T2        | SP; MM                  |
| OCUFLOX OPHTHALMIC (EYE) DROPS               | T2        | BP                      |
| ODACTRA SUBLINGUAL TABLET                    | T3        | PA; MM                  |
| ODEFSEY ORAL TABLET                          | T2        | MM                      |
| ODOMZO ORAL CAPSULE                          | T3        | PA; SP; MM; LA          |
| OFEV ORAL CAPSULE                            | T2        | PA; SP; MM; LA          |
| <i>ofloxacin ophthalmic (eye) drops</i>      | T1        |                         |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>  | T3        |                         |
| <i>ofloxacin otic (ear) drops</i>            | T1        |                         |
| OGSIVEO ORAL TABLET                          | T2        | PA; SP; MM; QL; LA      |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION    | T3        | PA; SP; MM; QL          |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits                                                                                   |
|--------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| OJEMDA ORAL TABLET                                           | T3        | PA; SP; MM; QL                                                                                         |
| OJJAARA ORAL TABLET                                          | T2        | PA; SP; MM; QL; LA                                                                                     |
| <i>olanzapine oral tablet</i>                                | T1        | MM                                                                                                     |
| <i>olanzapine oral tablet, disintegrating</i>                | T1        | MM                                                                                                     |
| <i>olanzapine-fluoxetine oral capsule</i>                    | T3        | MM                                                                                                     |
| <i>olmesartan oral tablet</i>                                | EXC       | MM; Preferred Alternatives (losartan potassium, valsartan, candesartan cilexetil)                      |
| <i>olmesartan-amlodipine-hydrochlorothiazide oral tablet</i> | EXC       | MM                                                                                                     |
| <i>olmesartan-hydrochlorothiazide oral tablet</i>            | EXC       | MM; Preferred Alternatives (losartan-hydrochlorothiazide, DIOVAN HCT, candesartan-hydrochlorothiazide) |
| <i>olopatadine nasal spray, non-aerosol</i>                  | T3        |                                                                                                        |
| OLPRUVA ORAL PELLETS IN PACKET                               | T3        | PA; SP; MM; QL                                                                                         |
| OLUMIANT ORAL TABLET                                         | EXC       | PA; SP; MM; QL; LA; Preferred Alternatives (XELJANZ, RINVOQ)                                           |
| OLUX TOPICAL FOAM                                            | T3        | BP                                                                                                     |

| Drug Name                                                        | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------|-----------|----------------------|
| OMECLAMOX-PAK ORAL COMBO PACK                                    | T3        |                      |
| <i>omega-3 acid ethyl esters oral capsule</i>                    | T1        | MM                   |
| <i>omeprazole oral capsule, delayed release(drlec) 10 mg</i>     | T1        | MM; QL               |
| <i>omeprazole oral capsule, delayed release(drlec) 40 mg</i>     | T1        | MM                   |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i> | EXC       | MM                   |
| <i>omeprazole-sodium bicarbonate oral packet</i>                 | EXC       | MM                   |
| OMNARIS NASAL SPRAY, NON-AEROSOL                                 | T3        | MM                   |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE            | T2        | QL                   |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE                 | T2        | MM; QL               |
| OMNIPOD 5 G6-G7 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE         | T2        | QL                   |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE              | T2        | MM; QL               |

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| Drug Name                                           | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------|-----------|-------------------------|
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE    | T2        | MM; QL                  |
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE | T2        | PA; MM; QL              |
| OMNITROPE SUBCUTANEOUS CARTRIDGE                    | T2        | PA; SP; MM; LA          |
| OMNITROPE SUBCUTANEOUS RECON SOLN                   | T2        | PA; SP; MM; LA          |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR                 | EXC       | SP; MM; LA              |
| OMVOH SUBCUTANEOUS SYRINGE                          | EXC       | SP; MM; LA              |
| ON CALL EXPRESS METER KIT                           | EXC       | MM; QL                  |
| ON CALL EXPRESS TEST STRIP STRIP                    | EXC       | PA; MM                  |
| ON CALL PLUS METER KIT                              | EXC       | MM; QL                  |
| ON CALL PLUS TEST STRIP STRIP                       | EXC       | PA; MM                  |
| ON CALL VIVID METER KIT                             | EXC       | MM; QL                  |
| ON CALL VIVID PAL METER KIT                         | EXC       | MM; QL                  |
| ON CALL VIVID TEST STRIP STRIP                      | EXC       | PA; MM                  |
| <i>ondansetron hcl (pf) injection solution</i>      | T2        |                         |
| <i>ondansetron hcl intravenous solution</i>         | T2        |                         |

| Drug Name                                      | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------|-----------|-------------------------|
| <i>ondansetron hcl oral solution</i>           | T1        |                         |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>  | T1        |                         |
| <i>ondansetron oral tablet, disintegrating</i> | T1        |                         |
| <i>one daily prenatal oral combo pack</i>      | T1        | MM                      |
| <i>onelix magnesium citrate oral solution</i>  | EXC       |                         |
| ONETOUCH ULTRA TEST STRIP                      | EXC       | PA; MM                  |
| ONETOUCH ULTRA2 METER                          | EXC       | MM; QL                  |
| ONETOUCH VERIO FLEX METER                      | EXC       | MM; QL                  |
| ONETOUCH VERIO REFLECT METER                   | EXC       | MM; QL                  |
| ONETOUCH VERIO TEST STRIPS STRIP               | EXC       | PA; MM                  |
| ONEXTON TOPICAL GEL WITH PUMP                  | T3        | BP                      |
| ONFI ORAL SUSPENSION                           | T2        | BP; MM                  |
| ONFI ORAL TABLET                               | T2        | BP; MM                  |
| ONGENTYS ORAL CAPSULE 25 MG                    | T3        | MM                      |
| ONGENTYS ORAL CAPSULE 50 MG                    | T3        | ST; MM; QL              |
| ONGLYZA ORAL TABLET 5 MG                       | T3        | PA; BP; MM              |
| ONUREG ORAL TABLET                             | T2        | PA; SP; MM; QL; LA      |

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| Drug Name                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------|-----------|-------------------------|
| ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED | T3        | QL                      |
| <i>opcicon one-step oral tablet</i>                | T1        |                         |
| OPFOLDA ORAL CAPSULE                               | T3        | PA; SP; MM; QL          |
| OPILL ORAL TABLET                                  | T3        | MM                      |
| <i>opium tincture oral tincture</i>                | T1        |                         |
| OPSUMIT ORAL TABLET                                | T2        | PA; SP; MM              |
| OPSYNVI ORAL TABLET                                | T3        | PA; SP; MM; QL          |
| OPTICHAMBER DIAMOND VHC SPACER                     | T3        |                         |
| <i>option-2 oral tablet</i>                        | T1        |                         |
| OPTIUM EZ STRIP                                    | EXC       | PA; MM                  |
| OPTIUM TEST STRIP                                  | EXC       | PA; MM                  |
| OPTUMRX KIT                                        | EXC       | MM; QL                  |
| OPTUMRX STRIP                                      | EXC       | PA; MM                  |
| OPVEE NASAL SPRAY,NON-AEROSOL                      | T3        | QL                      |
| OPZELURA TOPICAL CREAM                             | T2        | PA; QL                  |
| ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE         | EXC       | BP                      |
| ORACIT ORAL SOLUTION                               | T3        |                         |
| <i>oral saline laxative oral liquid</i>            | T1        |                         |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY      | T2        | PA; SP; MM              |

| Drug Name                                                         | Drug Tier | Requirements/<br>Limits                   |
|-------------------------------------------------------------------|-----------|-------------------------------------------|
| <i>oralone dental paste</i>                                       | T1        |                                           |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH                              | EXC       |                                           |
| ORAPRED ODT ORAL TABLET,DISINTEGRATING                            | EXC       | BP; Preferred Alternatives (prednisolone) |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET                         | T3        |                                           |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR                      | T2        | PA; SP; MM; QL; LA                        |
| ORENCIA SUBCUTANEOUS SYRINGE                                      | T2        | PA; SP; MM; QL; LA                        |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK | T2        | PA; SP; QL                                |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK | T2        | PA; SP; QL                                |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK | T2        | PA; SP; QL                                |
| ORENITRAM ORAL TABLET EXTENDED RELEASE                            | T2        | PA; SP; MM                                |
| ORFADIN ORAL CAPSULE                                              | T2        | PA; SP; BP; MM                            |
| ORFADIN ORAL SUSPENSION                                           | T3        | PA; SP; MM                                |

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| Drug Name                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------|-----------|-------------------------|
| ORGOVYX ORAL TABLET                                        | T2        | PA; SP; MM; QL; LA      |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL                           | T2        | PA; MM                  |
| ORILISSA ORAL TABLET 150 MG                                | T2        | PA; MM                  |
| ORILISSA ORAL TABLET 200 MG                                | T2        | PA                      |
| ORKAMBI ORAL GRANULES IN PACKET                            | T2        | PA; SP; MM              |
| ORKAMBI ORAL TABLET                                        | T2        | PA; SP; MM              |
| ORLADEYO ORAL CAPSULE                                      | T3        | PA; SP; MM              |
| ORLISTAT ORAL CAPSULE                                      | EXC       | MM                      |
| <i>ormalvi oral tablet</i>                                 | T3        | PA; SP; MM              |
| <i>orphenadrine citrate oral tablet extended release</i>   | T1        |                         |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>  | T3        |                         |
| <i>orphengesic forte oral tablet</i>                       | EXC       |                         |
| ORSERDU ORAL TABLET                                        | T2        | PA; SP; MM; QL; LA      |
| <i>oscimin oral tablet</i>                                 | T1        | MM                      |
| <i>oscimin sl sublingual tablet</i>                        | T1        | MM                      |
| <i>oseltamivir oral capsule</i>                            | T1        |                         |
| <i>oseltamivir oral suspension for reconstitution</i>      | T1        |                         |
| OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG | T3        | PA; MM                  |

| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG        | T3        | SP; MM; QL              |
| OSPHENA ORAL TABLET                                                  | T2        | MM                      |
| OTEZLA ORAL TABLET                                                   | T2        | PA; SP; MM; QL; LA      |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | T2        | PA; SP; QL; LA          |
| OTOVEL OTIC (EAR) SOLUTION                                           | T3        |                         |
| OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR                              | T3        | PA; MM                  |
| OVACE PLUS SHAMPOO TOPICAL SHAMPOO                                   | T3        |                         |
| OVACE PLUS TOPICAL CLEANSER                                          | T3        |                         |
| OVACE PLUS TOPICAL CREAM                                             | T3        |                         |
| OVACE PLUS TOPICAL LOTION                                            | T3        |                         |
| OVACE PLUS WASH TOPICAL CLEANSER, GEL                                | EXC       |                         |
| OVACE TOPICAL CLEANSER                                               | T3        | BP                      |
| OVIDE TOPICAL LOTION                                                 | T2        | BP                      |
| OVIDREL SUBCUTANEOUS SYRINGE                                         | T3        | SP                      |
| OXAPROZIN ORAL CAPSULE                                               | EXC       |                         |
| <i>oxaprozin oral tablet</i>                                         | T1        | MM                      |

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| Drug Name                                                    | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------|-----------|-------------------------|
| <i>oxazepam oral capsule</i>                                 | T1        |                         |
| OXBRYTA ORAL TABLET                                          | T2        | PA; SP; MM; QL          |
| OXBRYTA ORAL TABLET FOR SUSPENSION                           | T2        | PA; SP; MM; QL          |
| <i>oxcarbazepine oral suspension</i>                         | T1        | MM                      |
| <i>oxcarbazepine oral tablet</i>                             | T1        | MM                      |
| OXERVATE OPHTHALMIC (EYE) DROPS                              | T2        | PA; SP; QL              |
| <i>oxiconazole topical cream</i>                             | T3        |                         |
| OXISTAT TOPICAL LOTION                                       | T3        |                         |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR               | T3        | MM                      |
| <i>oxybutynin chloride oral syrup</i>                        | T1        | MM                      |
| OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG                       | EXC       | MM                      |
| <i>oxybutynin chloride oral tablet 5 mg</i>                  | T1        | MM                      |
| <i>oxybutynin chloride oral tablet extended release 24hr</i> | T1        | MM                      |
| <i>oxycodone oral capsule</i>                                | T1        | PA; QL                  |
| <i>oxycodone oral concentrate</i>                            | T1        | PA; QL                  |
| <i>oxycodone oral solution</i>                               | T1        | PA; QL                  |
| <i>oxycodone oral tablet</i>                                 | T1        | PA; QL                  |

| Drug Name                                                                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------|-----------|-------------------------|
| OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.1 2 HR 10 MG, 20 MG, 40 MG, 80 MG                        | T2        | PA; QL                  |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>                                        | T3        | PA; QL                  |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>                                         | T1        | PA; QL                  |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                         | T3        | PA; QL                  |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | T1        | PA; QL                  |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.1 2 HR                                                   | T2        | PA; QL                  |
| <i>oxymorphone oral tablet</i>                                                                     | T3        | PA; QL                  |
| <i>oxymorphone oral tablet extended release 12 hr</i>                                              | T3        | PA; QL                  |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY                                                               | EXC       | MM                      |

| Drug Name                                                                                                                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| OZEMPIC<br>SUBCUTANEOUS<br>PEN INJECTOR<br>0.25 MG OR 0.5<br>MG (2 MG/3 ML),<br>1 MG/DOSE (4<br>MG/3 ML), 2<br>MG/DOSE (8<br>MG/3 ML) | T2        | PA; MM; QL              |
| OZOBAX DS<br>ORAL SOLUTION                                                                                                            | EXC       | MM                      |
| OZOBAX ORAL<br>SOLUTION                                                                                                               | EXC       | MM                      |
| <i>pacerone oral<br/>tablet 100 mg, 200<br/>mg</i>                                                                                    | T1        | MM                      |
| <i>pacerone oral<br/>tablet 400 mg</i>                                                                                                | T3        | MM                      |
| PACNEX<br>TOPICAL<br>CLEANSER                                                                                                         | EXC       | BP                      |
| PALFORZIA<br>(LEVEL 1) ORAL<br>CAPSULE,<br>SPRINKLE                                                                                   | T2        | PA; SP; MM; QL          |
| PALFORZIA<br>(LEVEL 2) ORAL<br>CAPSULE,<br>SPRINKLE                                                                                   | T2        | PA; SP; MM; QL          |
| PALFORZIA<br>(LEVEL 3) ORAL<br>CAPSULE,<br>SPRINKLE                                                                                   | T2        | PA; SP; MM; QL          |
| PALFORZIA<br>(LEVEL 4) ORAL<br>CAPSULE,<br>SPRINKLE                                                                                   | T2        | PA; SP; MM; QL          |
| PALFORZIA<br>(LEVEL 5) ORAL<br>CAPSULE,<br>SPRINKLE                                                                                   | T2        | PA; SP; MM; QL          |
| PALFORZIA<br>(LEVEL 6) ORAL<br>CAPSULE,<br>SPRINKLE                                                                                   | T2        | PA; SP; MM; QL          |

| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| PALFORZIA<br>(LEVEL 7) ORAL<br>CAPSULE,<br>SPRINKLE              | T2        | PA; SP; MM; QL          |
| PALFORZIA<br>(LEVEL 8) ORAL<br>CAPSULE,<br>SPRINKLE              | T2        | PA; SP; MM; QL          |
| PALFORZIA<br>(LEVEL 9) ORAL<br>CAPSULE,<br>SPRINKLE              | T2        | PA; SP; MM; QL          |
| PALFORZIA<br>(LEVEL 10) ORAL<br>CAPSULE,<br>SPRINKLE             | T2        | PA; SP; MM; QL          |
| PALFORZIA<br>INITIAL DOSE<br>ORAL CAPSULE,<br>SPRINKLE           | T2        | PA; SP; QL              |
| PALFORZIA<br>LEVEL 11<br>MAINTENANCE<br>ORAL POWDER<br>IN PACKET | T2        | PA; SP; MM; QL          |
| <i>paliperidone oral<br/>tablet extended<br/>release 24hr</i>    | T1        | MM                      |
| PALYNZIQ<br>SUBCUTANEOUS<br>SYRINGE 10<br>MG/0.5 ML, 20<br>MG/ML | T2        | PA; SP; MM; QL          |
| PALYNZIQ<br>SUBCUTANEOUS<br>SYRINGE 2.5<br>MG/0.5 ML             | T2        | PA; SP; QL              |
| PAMELOR ORAL<br>CAPSULE                                          | T2        | BP; MM                  |

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| Drug Name                                                                                                                                                                                                                                                        | Drug Tier | Requirements/<br>Limits                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| PANCREAZE<br>ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC<br>) 10,500-35,500-<br>61,500 UNIT,<br>16,800-56,800-<br>98,400 UNIT,<br>2,600-8,800-<br>15,200 UNIT,<br>21,000-54,700-<br>83,900 UNIT,<br>37,000-97,300-<br>149,900 UNIT,<br>4,200-14,200-<br>24,600 UNIT | T3        | PA; MM;<br>Preferred<br>Alternatives<br>(CREON) |
| PANDEL<br>TOPICAL CREAM                                                                                                                                                                                                                                          | T3        |                                                 |
| PANRETIN<br>TOPICAL GEL                                                                                                                                                                                                                                          | T3        | PA                                              |
| <i>pantoprazole oral<br/>granules dr for<br/>susp in packet</i>                                                                                                                                                                                                  | T3        | MM                                              |
| <i>pantoprazole oral<br/>tablet, delayed<br/>release (dr/ec)</i>                                                                                                                                                                                                 | T1        | MM                                              |
| <i>paricalcitol oral<br/>capsule</i>                                                                                                                                                                                                                             | T1        | MM                                              |
| PARLODEL<br>ORAL CAPSULE                                                                                                                                                                                                                                         | T2        | BP; MM                                          |
| PARNATE ORAL<br>TABLET                                                                                                                                                                                                                                           | T2        | BP; MM                                          |
| <i>paroex oral rinse<br/>mucous<br/>membrane<br/>mouthwash</i>                                                                                                                                                                                                   | T1        |                                                 |
| <i>paromomycin oral<br/>capsule</i>                                                                                                                                                                                                                              | T1        |                                                 |
| <i>paroxetine hcl oral<br/>suspension</i>                                                                                                                                                                                                                        | T1        | MM                                              |
| <i>paroxetine hcl oral<br/>tablet</i>                                                                                                                                                                                                                            | T1        | MM                                              |
| <i>paroxetine hcl oral<br/>tablet extended<br/>release 24 hr</i>                                                                                                                                                                                                 | T3        | MM                                              |

| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| <i>paroxetine<br/>mesylate(menop.s<br/>ym) oral capsule</i>          | T3        | MM                      |
| PASER ORAL<br>GRANULES DR<br>FOR SUSP IN<br>PACKET                   | T3        |                         |
| PATANASE<br>NASAL<br>SPRAY, NON-<br>AEROSOL                          | T3        | BP                      |
| PAXIL CR ORAL<br>TABLET<br>EXTENDED<br>RELEASE 24 HR                 | T3        | BP; MM                  |
| PAXIL ORAL<br>SUSPENSION                                             | T2        | BP; MM                  |
| PAXIL ORAL<br>TABLET                                                 | T2        | BP; MM                  |
| PAXLOVID ORAL<br>TABLETS, DOSE<br>PACK                               | T2        | QL                      |
| <i>pazopanib oral<br/>tablet</i>                                     | T1        | PA; SP; MM;<br>QL; LA   |
| PEDIARIX (PF)<br>INTRAMUSCULA<br>R SYRINGE                           | T2        |                         |
| PEDVAX HIB (PF)<br>INTRAMUSCULA<br>R SOLUTION                        | T2        |                         |
| <i>peg 3350-<br/>electrolytes oral<br/>recon soln</i>                | T1        |                         |
| <i>peg3350-sod sul-<br/>nacl-kcl-asb-c oral<br/>powder in packet</i> | T1        | QL                      |
| PEGASYS<br>SUBCUTANEOU<br>S SOLUTION                                 | T2        | SP; LA                  |
| PEGASYS<br>SUBCUTANEOU<br>S SYRINGE                                  | T2        | SP; LA                  |
| <i>peg-electrolyte<br/>soln oral recon<br/>soln</i>                  | T1        |                         |

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| Drug Name                                                     | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------|-----------|----------------------|
| PEMAZYRE ORAL TABLET                                          | T2        | PA; SP; MM; QL; LA   |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"                   | T2        | MM                   |
| PENBRAYA (PF) INTRAMUSCULAR KIT                               | T3        |                      |
| <i>penciclovir topical cream</i>                              | T1        |                      |
| <i>penicillamine oral capsule</i>                             | T3        | PA; MM               |
| <i>penicillamine oral tablet</i>                              | T1        | PA; MM               |
| <i>penicillin v potassium oral recon soln</i>                 | T1        |                      |
| <i>penicillin v potassium oral tablet</i>                     | T1        |                      |
| PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP                | EXC       | BP                   |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML | T2        |                      |
| <i>pentamidine inhalation recon soln</i>                      | T2        | MM                   |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                 | T2        | MM                   |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG                 | T1        | BP; MM               |
| <i>pentazocine-naloxone oral tablet</i>                       | T3        | PA; QL               |

| Drug Name                                                                  | Drug Tier | Requirements/ Limits                   |
|----------------------------------------------------------------------------|-----------|----------------------------------------|
| <i>pentoxifylline oral tablet extended release</i>                         | T1        | MM                                     |
| PEPCID ORAL TABLET 40 MG                                                   | T2        | BP; MM                                 |
| PERCOCET ORAL TABLET                                                       | T2        | PA; BP; QL                             |
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION                           | T3        | BP; MM                                 |
| PERIDEX MUCOUS MEMBRANE MOUTHWASH                                          | T2        | BP                                     |
| <i>perindopril erbumine oral tablet</i>                                    | T3        | MM                                     |
| <i>periogard mucous membrane mouthwash</i>                                 | T1        |                                        |
| <i>permethrin topical cream</i>                                            | T1        |                                        |
| <i>perphenazine oral tablet</i>                                            | T1        | MM                                     |
| <i>perphenazine-amitriptyline oral tablet</i>                              | T1        | MM                                     |
| PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC)                              | T3        | PA; MM; Preferred Alternatives (CREON) |
| PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION                    | T2        |                                        |
| PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | T2        |                                        |

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| Drug Name                                                                      | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------|-----------|-------------------------|
| PHARMACIST CHOICE GLUCOSE SYS                                                  | EXC       | MM; QL                  |
| PHARMACIST CHOICE STRIP                                                        | EXC       | PA; MM                  |
| PHEBURANE ORAL GRANULES                                                        | T3        | SP; MM                  |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i>                              | T1        |                         |
| <i>phendimetrazine tartrate oral capsule, extended release</i>                 | T3        |                         |
| <i>phendimetrazine tartrate oral tablet</i>                                    | T3        |                         |
| <i>phenelzine oral tablet</i>                                                  | T1        | MM                      |
| <i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i> | T1        | MM                      |
| <i>phenobarb-hyoscy-atropine-scop oral tablet</i>                              | T1        | MM                      |
| <i>phenobarbital oral elixir</i>                                               | T1        | MM                      |
| <i>phenobarbital oral tablet</i>                                               | T1        | MM                      |
| <i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>                     | T1        | MM                      |
| <i>phenohydro oral tablet</i>                                                  | T1        | MM                      |
| <i>phenoxybenzamine oral capsule</i>                                           | T1        |                         |
| <i>phentermine oral capsule</i>                                                | T1        |                         |
| <i>phentermine oral tablet</i>                                                 | T1        |                         |
| <i>phenylephrine hcl ophthalmic (eye) drops</i>                                | T1        |                         |

| Drug Name                                                    | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------|-----------|-------------------------|
| PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS        | EXC       |                         |
| PHENYTEK ORAL CAPSULE                                        | T2        | BP; MM                  |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                 | T1        | MM                      |
| <i>phenytoin oral tablet, chewable</i>                       | T1        | MM                      |
| <i>phenytoin sodium extended oral capsule</i>                | T1        | MM                      |
| PHEXXI VAGINAL GEL                                           | T3        |                         |
| <i>philith oral tablet</i>                                   | T1        | MM                      |
| <i>phospha 250 neutral oral tablet</i>                       | T1        |                         |
| <i>phosphate laxative oral liquid</i>                        | T1        |                         |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS                    | T2        | SP; MM                  |
| <i>phosphorous oral tablet</i>                               | T1        |                         |
| PHYSIOLYTE IRRIGATION SOLUTION                               | T3        | BP                      |
| PHYSIOSOL IRRIGATION SOLUTION                                | T3        | BP                      |
| PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML     | T2        |                         |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> | T2        |                         |

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| Drug Name                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------|-----------|-------------------------|
| PHYTONADIONE<br>(VITAMIN K1)<br>INJECTION<br>SYRINGE                    | T2        |                         |
| <i>phytonadione<br/>(vitamin k1) oral<br/>tablet 5 mg</i>               | T1        |                         |
| PIFELTRO ORAL<br>TABLET                                                 | T2        | MM                      |
| <i>pilocarpine hcl<br/>ophthalmic (eye)<br/>drops 1 %, 2 %, 4<br/>%</i> | T1        | MM                      |
| <i>pilocarpine hcl<br/>oral tablet</i>                                  | T1        | MM                      |
| <i>pimecrolimus<br/>topical cream</i>                                   | T1        |                         |
| <i>pimozide oral<br/>tablet</i>                                         | T3        | MM                      |
| <i>pimtrea (28) oral<br/>tablet</i>                                     | T1        | MM                      |
| <i>pindolol oral tablet</i>                                             | T3        | MM                      |
| <i>pioglitazone oral<br/>tablet</i>                                     | T1        | MM                      |
| <i>pioglitazone-<br/>glimepiride oral<br/>tablet</i>                    | T3        | MM                      |
| <i>pioglitazone-<br/>metformin oral<br/>tablet</i>                      | T1        | MM                      |
| PIP BLOOD<br>GLUCOSE<br>MONITOR                                         | EXC       | MM; QL                  |
| PIP BLOOD<br>GLUCOSE TEST<br>STRIP STRIP                                | EXC       | PA; MM                  |
| PIQRAY ORAL<br>TABLET                                                   | T2        | PA; SP; MM; LA          |
| <i>pirfenidone oral<br/>capsule</i>                                     | T1        | PA; SP; MM;<br>QL; LA   |
| <i>pirfenidone oral<br/>tablet 267 mg, 801<br/>mg</i>                   | T1        | PA; SP; MM;<br>QL; LA   |
| PIRFENIDONE<br>ORAL TABLET<br>534 MG                                    | EXC       | PA; SP; MM;<br>QL; LA   |

| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------|-----------|-------------------------|
| <i>piroxicam oral<br/>capsule</i>                                            | T3        | MM                      |
| <i>pitavastatin<br/>calcium oral tablet</i>                                  | T3        | MM                      |
| PLAN B ONE-<br>STEP ORAL<br>TABLET                                           | T2        | BP                      |
| PLAQUENIL<br>ORAL TABLET                                                     | T2        | BP; MM                  |
| PLAVIX ORAL<br>TABLET 75 MG                                                  | T2        | BP; MM                  |
| PLEGRIDY<br>INTRAMUSCULA<br>R SYRINGE                                        | T2        | PA; SP; MM;<br>QL; LA   |
| PLEGRIDY<br>SUBCUTANEOU<br>S PEN INJECTOR<br>125 MCG/0.5 ML                  | T2        | PA; SP; MM;<br>QL; LA   |
| PLEGRIDY<br>SUBCUTANEOU<br>S PEN INJECTOR<br>63 MCG/0.5 ML-<br>94 MCG/0.5 ML | T2        | PA; SP; QL; LA          |
| PLEGRIDY<br>SUBCUTANEOU<br>S SYRINGE 125<br>MCG/0.5 ML                       | T2        | PA; SP; MM;<br>QL; LA   |
| PLEGRIDY<br>SUBCUTANEOU<br>S SYRINGE 63<br>MCG/0.5 ML- 94<br>MCG/0.5 ML      | T2        | PA; SP; QL; LA          |
| PLENVU ORAL<br>POWDER IN<br>PACKET,<br>SEQUENTIAL                            | T2        |                         |
| PLEXION<br>CLEANSING<br>CLOTHS<br>TOPICAL PADS,<br>MEDICATED                 | EXC       |                         |
| PLEXION NS<br>TOPICAL<br>SHAMPOO                                             | EXC       |                         |
| PLEXION<br>TOPICAL<br>CLEANSER                                               | T3        |                         |

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| Drug Name                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------|-----------|-------------------------|
| PLEXION<br>TOPICAL CREAM                                                 | T3        |                         |
| PLEXION<br>TOPICAL LOTION                                                | T3        |                         |
| PLIAGLIS<br>TOPICAL CREAM                                                | EXC       |                         |
| PNEUMOVAX-23<br>INJECTION<br>SOLUTION                                    | T2        |                         |
| PNEUMOVAX-23<br>INJECTION<br>SYRINGE                                     | T2        |                         |
| <i>pnv-select oral<br/>tablet</i>                                        | T2        | MM                      |
| POCKET<br>CHAMBER<br>SPACER                                              | T3        |                         |
| <i>podofilox topical<br/>gel</i>                                         | T1        |                         |
| <i>podofilox topical<br/>solution</i>                                    | T1        |                         |
| POGO<br>AUTOMATIC<br>BLOOD GLUC<br>SYS                                   | EXC       | MM; QL                  |
| POKONZA ORAL<br>PACKET                                                   | EXC       | MM                      |
| <i>polycin ophthalmic<br/>(eye) ointment</i>                             | T1        |                         |
| <i>polyethylene<br/>glycol 3350 oral<br/>powder</i>                      | T1        |                         |
| <i>polymyxin b sulf-<br/>trimethoprim<br/>ophthalmic (eye)<br/>drops</i> | T1        |                         |
| POLY-TUSSIN<br>AC ORAL LIQUID                                            | EXC       |                         |
| POMALYST<br>ORAL CAPSULE                                                 | T2        | PA; SP; MM; QL          |
| PONVORY 14-<br>DAY STARTER<br>PACK ORAL<br>TABLETS,DOSE<br>PACK          | T3        | PA; SP; QL; LA          |

| Drug Name                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------|-----------|-------------------------|
| PONVORY ORAL<br>TABLET                                                  | T3        | PA; SP; MM;<br>QL; LA   |
| <i>portia 28 oral<br/>tablet</i>                                        | T1        | MM                      |
| <i>posaconazole oral<br/>suspension</i>                                 | T1        |                         |
| <i>posaconazole oral<br/>tablet,delayed<br/>release (dr/ec)</i>         | T1        |                         |
| <i>potassium<br/>chloride oral<br/>capsule, extended<br/>release</i>    | T1        | MM                      |
| <i>potassium<br/>chloride oral liquid</i>                               | T1        | MM                      |
| <i>potassium<br/>chloride oral<br/>packet</i>                           | T1        | MM                      |
| <i>potassium<br/>chloride oral tablet<br/>extended release</i>          | T1        | MM                      |
| <i>potassium<br/>chloride oral<br/>tablet,er<br/>particles/crystals</i> | T1        | MM                      |
| <i>potassium citrate<br/>oral tablet<br/>extended release</i>           | T1        | MM                      |
| <i>potassium citrate-<br/>citric acid oral<br/>solution</i>             | T1        |                         |
| <i>potassium iodide<br/>oral solution</i>                               | T1        |                         |
| <i>powderlax oral<br/>powder</i>                                        | T1        |                         |
| PR BENZOYL<br>PEROXIDE<br>TOPICAL<br>CLEANSER                           | EXC       | BP                      |
| <i>pr natal 400 ec<br/>oral combo<br/>pack,tablet and<br/>cap,dr</i>    | T2        | MM                      |
| <i>pr natal 400 oral<br/>combo pack</i>                                 | T2        | MM                      |

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| Drug Name                                                | Drug Tier | Requirements/<br>Limits                           |
|----------------------------------------------------------|-----------|---------------------------------------------------|
| <i>pr natal 430 ec oral combo pack,tablet and cap,dr</i> | T2        | MM                                                |
| <i>pr natal 430 oral combo pack</i>                      | T2        | MM                                                |
| PRADAXA ORAL CAPSULE 110 MG                              | EXC       | MM; Preferred Alternatives (ELIQUIS, XARELTO)     |
| PRADAXA ORAL CAPSULE 150 MG, 75 MG                       | EXC       | BP; MM; Preferred Alternatives (ELIQUIS, XARELTO) |
| PRADAXA ORAL PELLETS IN PACKET                           | EXC       | SP; MM; Preferred Alternatives (ELIQUIS, XARELTO) |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR                   | T3        | MM                                                |
| <i>pramipexole oral tablet</i>                           | T1        | MM                                                |
| <i>pramipexole oral tablet extended release 24 hr</i>    | T3        | MM                                                |
| PRAMOSONE TOPICAL CREAM                                  | T2        |                                                   |
| PRAMOSONE TOPICAL LOTION                                 | T2        |                                                   |
| PRAMOSONE TOPICAL OINTMENT                               | T2        |                                                   |
| <i>prasugrel oral tablet</i>                             | T1        | PA; MM                                            |
| <i>pravastatin oral tablet</i>                           | T1        | MM                                                |
| <i>praziquantel oral tablet</i>                          | T1        |                                                   |
| <i>prazosin oral capsule</i>                             | T1        | MM                                                |
| PRECISION PCX PLUS TEST STRIP                            | EXC       | PA; MM                                            |

| Drug Name                                                     | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------|-----------|-------------------------|
| PRECISION PCX TEST STRIP                                      | EXC       | PA; MM                  |
| PRECISION POINT OF CARE TEST STRIP                            | EXC       | PA; MM                  |
| PRECISION Q-I-D TEST STRIP                                    | EXC       | PA; MM                  |
| PRECISION XTRA KETONE-GLUCOSE KIT                             | EXC       | MM; QL                  |
| PRECISION XTRA MONITOR                                        | EXC       | MM; QL                  |
| PRECISION XTRA TEST STRIP                                     | EXC       | PA; MM                  |
| PRECOSE ORAL TABLET                                           | T2        | BP; MM                  |
| PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION                  | T2        | BP                      |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION                   | T2        |                         |
| <i>prednicarbate topical cream</i>                            | T3        |                         |
| <i>prednicarbate topical ointment</i>                         | T3        |                         |
| PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS         | EXC       |                         |
| PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION   | T2        |                         |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension</i> | T1        |                         |

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| Drug Name                                                                                                                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| PREDNISOLONE<br>ACETATE-<br>BROMFENAC<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION                                                                                    | EXC       |                         |
| PREDNISOLONE<br>ACETATE-<br>NEPAFENAC<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION                                                                                    | EXC       |                         |
| <i>prednisolone oral<br/>solution</i>                                                                                                                                   | T1        |                         |
| <i>prednisolone oral<br/>tablet</i>                                                                                                                                     | T1        |                         |
| PREDNISOLONE<br>SOD PH-<br>MOXIFLOX<br>OPHTHALMIC<br>(EYE) DROPS                                                                                                        | EXC       |                         |
| <i>prednisolone<br/>sodium phosphate<br/>ophthalmic (eye)<br/>drops</i>                                                                                                 | T1        |                         |
| <i>prednisolone<br/>sodium phosphate<br/>oral solution 10<br/>mg/5 ml, 15 mg/5<br/>ml (3 mg/ml), 20<br/>mg/5 ml (4<br/>mg/ml), 5 mg<br/>base/5 ml (6.7<br/>mg/5 ml)</i> | T1        |                         |
| <i>prednisolone<br/>sodium phosphate<br/>oral solution 25<br/>mg/5 ml (5 mg/ml)</i>                                                                                     | T2        |                         |
| <i>prednisolone<br/>sodium phosphate<br/>oral<br/>tablet,disintegratin<br/>g</i>                                                                                        | EXC       |                         |

| Drug Name                                                                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------|-----------|-------------------------|
| PREDNISOLONE-<br>MOXIFLO-<br>NEPAFENAC<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION | EXC       |                         |
| PREDNISOLONE-<br>MOXIFLOXACIN<br>HCL<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION   | EXC       |                         |
| PREDNISOLONE-<br>MOXIFLOX-<br>BROMFEN<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION  | T3        |                         |
| <i>prednisone<br/>intensol oral<br/>concentrate</i>                                   | T2        |                         |
| <i>prednisone oral<br/>solution</i>                                                   | T2        |                         |
| <i>prednisone oral<br/>tablet</i>                                                     | T1        |                         |
| <i>prednisone oral<br/>tablets,dose pack</i>                                          | T3        |                         |
| <i>pregabalin oral<br/>capsule</i>                                                    | T1        | MM                      |
| <i>pregabalin oral<br/>solution</i>                                                   | T2        | MM                      |
| <i>pregabalin oral<br/>tablet extended<br/>release 24 hr</i>                          | T3        | MM                      |
| PREGNYL<br>INTRAMUSCULA<br>R RECON SOLN                                               | T3        | SP                      |
| PREHEVBRIO<br>(PF)<br>INTRAMUSCULA<br>R SUSPENSION                                    | T2        |                         |
| PREMARIN ORAL<br>TABLET                                                               | T2        | MM                      |

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| Drug Name                                                 | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------|-----------|-------------------------|
| PREMARIN VAGINAL CREAM                                    | T2        | MM                      |
| PREMIER BLU GLUCOSE METER                                 | EXC       | MM; QL                  |
| PREMIER CLASSIC GLUCOSE METER                             | EXC       | MM; QL                  |
| PREMIER COMPACT GLUCOSE METER KIT                         | EXC       | MM; QL                  |
| PREMIER TEST STRIP STRIP                                  | EXC       | PA; MM                  |
| PREMIER VOICE GLUCOSE METER                               | EXC       | MM; QL                  |
| PREMIUM BLOOD GLUCOSE MONITOR                             | EXC       | MM; QL                  |
| PREMIUM V10                                               | EXC       | MM; QL                  |
| PREMIUM V10 STRIP                                         | EXC       | PA; MM                  |
| PREMPHASE ORAL TABLET                                     | T2        | MM                      |
| PREMPRO ORAL TABLET                                       | T2        | MM                      |
| <i>prena1 chew oral tablet, chew, ir - dr, biphase</i>    | T2        | MM                      |
| <i>prena1 pearl oral capsule, ir - delay rel, biphase</i> | T2        | MM                      |
| <i>prena1 true oral combo pack</i>                        | T2        | MM                      |
| PRENATA ORAL TABLET, CHEWABLE                             | T2        | MM                      |
| <i>prenatabs fa oral tablet</i>                           | EXC       | MM                      |
| <i>prenatabs rx oral tablet</i>                           | T2        | MM                      |
| <i>prenatal complete oral tablet</i>                      | T1        | MM                      |

| Drug Name                                              | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------|-----------|-------------------------|
| <i>prenatal multi-dha (algal oil) oral capsule</i>     | T1        | MM                      |
| <i>prenatal multivitamins oral tablet</i>              | T1        | MM                      |
| <i>prenatal one daily oral tablet</i>                  | T1        | MM                      |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i>        | T1        | MM                      |
| <i>prenatal plus (calcium carb) oral tablet</i>        | T2        | MM                      |
| PRENATAL PLUS DHA ORAL COMBO PACK                      | T2        | MM                      |
| <i>prenatal plus oral tablet</i>                       | T2        | MM                      |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET              | EXC       | MM                      |
| <i>prenatal vit no.179-iron-folic oral tablet</i>      | T1        | MM                      |
| <i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i> | T1        | MM                      |
| <i>prenatal vitamin with minerals oral tablet</i>      | T1        | MM                      |
| PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE             | T2        | MM                      |
| PRENATE ELITE (IRON ASP GLYC) ORAL TABLET              | T2        | MM                      |
| PRENATE ENHANCE ORAL CAPSULE                           | T2        | MM                      |
| PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE            | T2        | MM                      |

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| Drug Name                                           | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------|-----------|-------------------------|
| PRENATE PIXIE ORAL CAPSULE                          | T2        | MM                      |
| PRENATE RESTORE ORAL CAPSULE                        | T2        | MM                      |
| PRENATE STAR ORAL TABLET                            | EXC       | MM                      |
| PREPIDIL VAGINAL GEL                                | T3        |                         |
| PRESTALIA ORAL TABLET                               | T3        | MM                      |
| PRESTO PRO BLOOD GLUCOSE METER                      | EXC       | MM; QL                  |
| PRETOMANID ORAL TABLET                              | T3        | PA; QL                  |
| PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC ) 30 MG | T3        | BP; MM                  |
| PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL | EXC       | BP; MM                  |
| <i>prevalite oral powder</i>                        | T1        | MM                      |
| <i>prevalite oral powder in packet</i>              | T1        | MM                      |
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE               | T2        |                         |
| PREVYMIS ORAL TABLET                                | T2        | PA; QL                  |
| PREZCOBIX ORAL TABLET                               | T2        | MM                      |
| PREZISTA ORAL SUSPENSION                            | T3        | MM                      |
| PREZISTA ORAL TABLET 150 MG, 75 MG                  | T2        | MM                      |
| PREZISTA ORAL TABLET 600 MG                         | T2        | BP; MM                  |

| Drug Name                                               | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------|-----------|-------------------------|
| PREZISTA ORAL TABLET 800 MG                             | T3        | BP; MM                  |
| PRIFTIN ORAL TABLET                                     | T2        |                         |
| PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON            | T2        | MM                      |
| PRIMACARE ORAL CAPSULE                                  | T2        | MM                      |
| <i>primaquine oral tablet</i>                           | T1        |                         |
| PRIMEAIRE SPACER                                        | EXC       |                         |
| PRIMIDONE ORAL TABLET 125 MG                            | EXC       | MM                      |
| <i>primidone oral tablet 250 mg, 50 mg</i>              | T1        | MM                      |
| PRIMLEV ORAL TABLET                                     | T3        | PA; QL                  |
| PRIMSOL ORAL SOLUTION                                   | T3        |                         |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | T2        |                         |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR              | T2        | BP; MM                  |
| PRO VOICE V8 GLUCOSE MONITOR                            | EXC       | MM; QL                  |
| PRO VOICE V8-V9 TEST STRIP STRIP                        | EXC       | PA; MM                  |
| PRO VOICE V9 GLUCOSE MONITOR                            | EXC       | MM; QL                  |

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| Drug Name                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------|-----------|-------------------------|
| PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR  | T3        | MM; QL                  |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED | EXC       | MM                      |
| <i>probenecid oral tablet</i>                               | T1        | MM                      |
| <i>probenecid-colchicine oral tablet</i>                    | T1        | MM                      |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR              | T2        | BP; MM                  |
| <i>procentra oral solution</i>                              | T3        | MM                      |
| PROCHAMBER SPACER                                           | T3        |                         |
| <i>prochlorperazine maleate oral tablet</i>                 | T1        |                         |
| <i>prochlorperazine rectal suppository</i>                  | T1        |                         |
| PROCORT RECTAL CREAM                                        | T2        |                         |
| PROCRIT INJECTION SOLUTION                                  | EXC       | SP; MM                  |
| PROCTOCORT RECTAL SUPPOSITORY                               | T2        | BP                      |
| PROCTOFOAM HC RECTAL FOAM                                   | T2        |                         |
| <i>procto-med hc topical cream with perineal applicator</i> | T1        |                         |
| <i>proctosol hc topical cream with perineal applicator</i>  | T1        |                         |

| Drug Name                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------|-----------|-------------------------|
| <i>proctozone-hc topical cream with perineal applicator</i> | T1        |                         |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE                 | T3        | SP; MM                  |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET                | T3        | PA; SP; MM              |
| PRODIGY AUTOCODE METER KIT                                  | EXC       | MM; QL                  |
| PRODIGY AUTOCODE MONITOR SYST                               | EXC       | MM; QL                  |
| PRODIGY NO CODING STRIP                                     | EXC       | PA; MM                  |
| PRODIGY POCKET METER KIT                                    | EXC       | MM; QL                  |
| PRODIGY VOICE GLUCOSE METER KIT                             | EXC       | MM; QL                  |
| <i>progesterone intramuscular oil</i>                       | T2        | SP                      |
| <i>progesterone micronized oral capsule</i>                 | T1        | MM                      |
| PROGLYCEM ORAL SUSPENSION                                   | T2        | BP; MM                  |
| PROGRAF ORAL CAPSULE                                        | T2        | BP; MM                  |
| PROGRAF ORAL GRANULES IN PACKET                             | T2        | MM                      |
| PROLATE ORAL SOLUTION                                       | T3        | PA; QL                  |
| <i>prolate oral tablet</i>                                  | T3        | PA; QL                  |
| PROLENSA OPHTHALMIC (EYE) DROPS                             | T3        | BP                      |

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| Drug Name                                                      | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------|-----------|-------------------------|
| PROMACTA<br>ORAL POWDER<br>IN PACKET                           | T2        | PA; SP; MM;<br>QL; LA   |
| PROMACTA<br>ORAL TABLET                                        | T2        | PA; SP; MM;<br>QL; LA   |
| <i>promethazine oral<br/>syrup</i>                             | T1        |                         |
| <i>promethazine oral<br/>tablet</i>                            | T1        |                         |
| <i>promethazine<br/>rectal suppository<br/>12.5 mg, 25 mg</i>  | T1        |                         |
| <i>promethazine vc<br/>oral syrup</i>                          | T1        |                         |
| <i>promethazine-<br/>codeine oral syrup</i>                    | T1        |                         |
| <i>promethazine-dm<br/>oral syrup</i>                          | T1        |                         |
| <i>promethegan<br/>rectal suppository</i>                      | T1        |                         |
| PROMETRIUM<br>ORAL CAPSULE                                     | T2        | BP; MM                  |
| <i>propafenone oral<br/>capsule,extended<br/>release 12 hr</i> | T1        | MM                      |
| <i>propafenone oral<br/>tablet</i>                             | T1        | MM                      |
| <i>proparacaine<br/>ophthalmic (eye)<br/>drops</i>             | T3        |                         |
| <i>propranolol oral<br/>capsule,extended<br/>release 24 hr</i> | T1        | MM                      |
| <i>propranolol oral<br/>solution 20 mg/5<br/>ml (4 mg/ml)</i>  | T1        | MM                      |
| <i>propranolol oral<br/>solution 40 mg/5<br/>ml (8 mg/ml)</i>  | T2        | MM                      |
| <i>propranolol oral<br/>tablet</i>                             | T1        | MM                      |
| <i>propranolol-<br/>hydrochlorothiazid<br/>oral tablet</i>     | T3        | MM                      |
| <i>propylthiouracil<br/>oral tablet</i>                        | T1        | MM                      |

| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------|-----------|-------------------------|
| PROQUAD (PF)<br>SUBCUTANEOU<br>S SUSPENSION<br>FOR<br>RECONSTITUTIO<br>N     | T2        |                         |
| PROSCAR ORAL<br>TABLET                                                       | T2        | BP; MM                  |
| PROTHELIAL<br>MUCOUS<br>MEMBRANE<br>PASTE                                    | EXC       | SP                      |
| PROTONIX ORAL<br>GRANULES DR<br>FOR SUSP IN<br>PACKET                        | T3        | BP; MM                  |
| PROTONIX ORAL<br>TABLET,DELAYE<br>D RELEASE<br>(DR/EC)                       | T2        | BP; MM                  |
| <i>protriptyline oral<br/>tablet</i>                                         | T1        | MM                      |
| PROVERA ORAL<br>TABLET                                                       | T2        | BP; MM                  |
| PROVIDA OB<br>ORAL CAPSULE                                                   | T2        | MM                      |
| PROVIGIL ORAL<br>TABLET                                                      | T2        | BP; MM                  |
| PROZAC ORAL<br>CAPSULE                                                       | T2        | BP; MM                  |
| <i>prudoxin topical<br/>cream</i>                                            | T2        |                         |
| PULMICORT<br>FLEXHALER<br>INHALATION<br>AEROSOL<br>POWDR BREATH<br>ACTIVATED | T2        | MM                      |
| PULMICORT<br>INHALATION<br>SUSPENSION<br>FOR<br>NEBULIZATION                 | T2        | BP; MM                  |
| <i>pulmosal<br/>inhalation solution<br/>for nebulization</i>                 | T1        |                         |

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| Drug Name                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------|-----------|-------------------------|
| PULMOZYME INHALATION SOLUTION                              | T2        | SP; MM                  |
| <i>purelax oral powder</i>                                 | T1        |                         |
| PURIXAN ORAL SUSPENSION                                    | T2        | SP; MM                  |
| PYLERA ORAL CAPSULE                                        | EXC       | BP                      |
| <i>pyrazinamide oral tablet</i>                            | T1        |                         |
| PYRIDIDIUM ORAL TABLET                                     | T2        | BP                      |
| <i>pyridostigmine bromide oral syrup</i>                   | T1        | MM                      |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG                   | EXC       | MM; QL                  |
| <i>pyridostigmine bromide oral tablet 60 mg</i>            | T1        | MM                      |
| <i>pyridostigmine bromide oral tablet extended release</i> | T1        | MM                      |
| <i>pyrimethamine oral tablet</i>                           | T1        | PA                      |
| PYRUKYND ORAL TABLET                                       | T2        | PA; SP; MM; QL          |
| PYRUKYND ORAL TABLETS,DOSE PACK                            | T2        | PA; SP; QL              |
| QBRELIS ORAL SOLUTION                                      | T3        | MM                      |
| QBREXZA TOPICAL TOWELETTE                                  | T3        | PA                      |
| QDOLO ORAL SOLUTION                                        | T3        | PA; QL                  |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR                 | T3        | PA; MM; QL              |
| QINLOCK ORAL TABLET                                        | T3        | PA; SP; MM; QL          |

| Drug Name                                                                  | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------|-----------|-------------------------|
| QNASL NASAL HFA AEROSOL INHALER                                            | T3        | MM                      |
| QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR                                   | T2        | PA; MM                  |
| QTERN ORAL TABLET                                                          | T3        | PA; MM                  |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION                                    | T2        |                         |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE                                       | T2        |                         |
| QUALAQUIN ORAL CAPSULE                                                     | T2        | PA; BP                  |
| QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH                                   | T2        | BP; MM                  |
| QUAZEPAM ORAL TABLET                                                       | T3        |                         |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR                                    | T3        | BP; MM                  |
| QUESTRAN LIGHT ORAL POWDER                                                 | T2        | BP; MM                  |
| QUESTRAN ORAL POWDER                                                       | T2        | BP; MM                  |
| QUESTRAN ORAL POWDER IN PACKET                                             | T2        | BP; MM                  |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | T1        | MM                      |
| QUETIAPINE ORAL TABLET 150 MG                                              | EXC       | MM                      |

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| Drug Name                                               | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------|-----------|-------------------------|
| <i>quetiapine oral tablet extended release 24 hr</i>    | T3        | MM                      |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR       | T3        | MM                      |
| QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON        | T3        | MM                      |
| <i>quinapril oral tablet</i>                            | T1        | MM                      |
| <i>quinapril-hydrochlorothiazide oral tablet</i>        | T1        | MM                      |
| <i>quinidine gluconate oral tablet extended release</i> | T1        | MM                      |
| <i>quinidine sulfate oral tablet 200 mg</i>             | T2        | MM                      |
| <i>quinidine sulfate oral tablet 300 mg</i>             | T1        | MM                      |
| <i>quinine sulfate oral capsule</i>                     | T1        | PA                      |
| QUINTET AC STRIP                                        | EXC       | PA; MM                  |
| QUINTET BLOOD GLUCOSE METER                             | EXC       | MM; QL                  |
| <i>quit 2 buccal gum</i>                                | T1        |                         |
| <i>quit 2 buccal lozenge</i>                            | T1        |                         |
| <i>quit 4 buccal gum</i>                                | T1        |                         |
| <i>quit 4 buccal lozenge</i>                            | T1        |                         |
| QULIPTA ORAL TABLET                                     | T2        | PA; MM; QL              |
| QUVIVIQ ORAL TABLET                                     | T3        | PA; QL                  |

| Drug Name                                               | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------|-----------|-------------------------|
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED  | T2        | MM                      |
| RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE          | T3        | MM                      |
| <i>rabeprazole oral tablet, delayed release (drlec)</i> | T3        | MM                      |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION           | T2        | PA; SP; QL              |
| RADIOGARDASE ORAL CAPSULE                               | T3        |                         |
| RAGWITEK SUBLINGUAL TABLET                              | T2        | PA; MM                  |
| <i>raloxifene oral tablet</i>                           | T1        | MM                      |
| <i>ramelteon oral tablet</i>                            | T1        |                         |
| <i>ramipril oral capsule</i>                            | T1        | MM                      |
| <i>ranolazine oral tablet extended release 12 hr</i>    | T1        | MM                      |
| RAPAFLO ORAL CAPSULE                                    | T3        | BP; MM                  |
| RAPAMUNE ORAL SOLUTION                                  | T2        | BP; MM                  |
| RAPAMUNE ORAL TABLET                                    | T2        | BP; MM                  |
| <i>rasagiline oral tablet</i>                           | T3        | MM                      |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR                  | T3        | PA; MM                  |
| RAVICTI ORAL LIQUID                                     | T2        | PA; SP; MM              |

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| Drug Name                                                                          | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------|-----------|-------------------------|
| RAYALDEE<br>ORAL<br>CAPSULE,EXTENDED RELEASE<br>24 HR                              | T2        | MM                      |
| RAYOS ORAL<br>TABLET,DELAYED RELEASE<br>(DR/EC)                                    | EXC       |                         |
| REBIF (WITH<br>ALBUMIN)<br>SUBCUTANEOUS SYRINGE                                    | T2        | PA; SP; MM; LA          |
| REBIF<br>REBIDOSE<br>SUBCUTANEOUS PEN INJECTOR<br>22 MCG/0.5 ML,<br>44 MCG/0.5 ML  | T2        | PA; SP; MM; LA          |
| REBIF<br>REBIDOSE<br>SUBCUTANEOUS PEN INJECTOR<br>8.8MCG/0.2ML-22<br>MCG/0.5ML (6) | T2        | PA; SP; LA              |
| REBIF<br>TITRATION PACK<br>SUBCUTANEOUS SYRINGE                                    | T2        | PA; SP; LA              |
| REBINYN<br>INTRAVENOUS<br>RECON SOLN                                               | T2        | SP; LA                  |
| <i>reclipsen (28) oral<br/>tablet</i>                                              | T1        | MM                      |
| RECOMBINATE<br>INTRAVENOUS<br>RECON SOLN                                           | T2        | SP; MM; LA              |
| RECOMBIVAX<br>HB (PF)<br>INTRAMUSCULAR SUSPENSION                                  | T2        |                         |
| RECOMBIVAX<br>HB (PF)<br>INTRAMUSCULAR SYRINGE                                     | T2        |                         |
| RECORLEV<br>ORAL TABLET                                                            | T3        | PA; SP; MM; QL          |

| Drug Name                                                                            | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------|-----------|-------------------------|
| RECTIV RECTAL<br>OINTMENT                                                            | T3        | BP                      |
| REFUAH PLUS<br>GLUCOSE<br>MONITOR KIT                                                | EXC       | MM; QL                  |
| REFUAH PLUS<br>STRIP                                                                 | EXC       | PA; MM                  |
| REGLAN ORAL<br>TABLET                                                                | T2        | BP                      |
| REGRANEX<br>TOPICAL GEL                                                              | T2        |                         |
| RELAFEN DS<br>ORAL TABLET                                                            | EXC       | MM                      |
| RELAGARD<br>VAGINAL GEL                                                              | T3        | BP                      |
| RELENZA<br>DISKHALER<br>INHALATION<br>BLISTER WITH<br>DEVICE                         | T2        |                         |
| RELEUKO<br>SUBCUTANEOUS SYRINGE                                                      | EXC       | SP                      |
| RELEXXII ORAL<br>TABLET<br>EXTENDED<br>RELEASE 24HR<br>18 MG, 27 MG, 36<br>MG, 54 MG | T3        | BP; MM                  |
| RELEXXII ORAL<br>TABLET<br>EXTENDED<br>RELEASE 24HR<br>45 MG, 63 MG, 72<br>MG        | T3        | MM                      |
| RELION ALL-IN-<br>ONE METER KIT                                                      | T2        | MM; QL                  |
| RELION<br>CONFIRM KIT                                                                | EXC       | MM; QL                  |
| RELION<br>CONFIRM-<br>MICRO STRIP                                                    | EXC       | PA; MM                  |
| RELION MICRO<br>GLUCOSE<br>MONITOR KIT                                               | EXC       | MM; QL                  |

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| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| RELION<br>NOVOLIN 70/30<br>SUBCUTANEOU<br>S SUSPENSION | T2        | MM                   |
| RELION<br>NOVOLIN N<br>SUBCUTANEOU<br>S SUSPENSION     | T2        | MM                   |
| RELION<br>NOVOLIN R<br>INJECTION<br>SOLUTION           | T2        | MM                   |
| RELION PRIME<br>METER                                  | EXC       | MM; QL               |
| RELION PRIME<br>TEST STRIPS<br>STRIP                   | EXC       | PA; MM               |
| RELION ULTIMA<br>STRIP                                 | EXC       | PA; MM               |
| RELISTOR ORAL<br>TABLET                                | T2        |                      |
| RELISTOR<br>SUBCUTANEOU<br>S SOLUTION                  | T2        |                      |
| RELISTOR<br>SUBCUTANEOU<br>S SYRINGE                   | T2        |                      |
| RELPAK ORAL<br>TABLET                                  | T2        | BP; QL               |
| RELTONE ORAL<br>CAPSULE                                | T3        | MM                   |
| RELYVRIO ORAL<br>POWDER IN<br>PACKET                   | T2        | PA; SP; MM; QL       |
| REMERON ORAL<br>TABLET 15 MG,<br>30 MG                 | T2        | BP; MM               |
| REMERON<br>SOLTAB ORAL<br>TABLET,DISINTE<br>GRATING    | T3        | BP; MM               |
| RENACIDIN<br>IRRIGATION<br>SOLUTION                    | T3        |                      |
| <i>rena-vite oral<br/>tablet</i>                       | T1        | MM                   |

| Drug Name                                                       | Drug Tier | Requirements/ Limits  |
|-----------------------------------------------------------------|-----------|-----------------------|
| REVELA ORAL<br>POWDER IN<br>PACKET                              | T2        | BP; MM; QL            |
| REVELA ORAL<br>TABLET                                           | T2        | BP; MM                |
| <i>repaglinide oral<br/>tablet</i>                              | T1        | MM                    |
| REPATHA<br>PUSHTRONEX<br>SUBCUTANEOU<br>S WEARABLE<br>INJECTOR  | T2        | MM; QL                |
| REPATHA<br>SURECLICK<br>SUBCUTANEOU<br>S PEN INJECTOR           | T2        | MM; QL                |
| REPATHA<br>SYRINGE<br>SUBCUTANEOU<br>S SYRINGE                  | T2        | MM; QL                |
| RESPA-AR ORAL<br>TABLET<br>EXTENDED<br>RELEASE 12 HR            | EXC       | BP                    |
| RESTASIS<br>MULTIDOSE<br>OPHTHALMIC<br>(EYE) DROPS              | T2        | MM                    |
| RESTASIS<br>OPHTHALMIC<br>(EYE)<br>DROPPERETTE                  | T2        | BP; MM                |
| RESTORIL ORAL<br>CAPSULE                                        | T2        | BP                    |
| RETACRIT<br>INJECTION<br>SOLUTION                               | T2        | SP; MM                |
| RETEVMO ORAL<br>CAPSULE                                         | T2        | PA; SP; MM;<br>QL; LA |
| RETIN-A MICRO<br>PUMP TOPICAL<br>GEL WITH PUMP<br>0.04 %, 0.1 % | T2        | BP                    |
| RETIN-A MICRO<br>PUMP TOPICAL<br>GEL WITH PUMP<br>0.06 %        | T2        |                       |

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| Drug Name                                       | Drug Tier | Requirements/ Limits |
|-------------------------------------------------|-----------|----------------------|
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 % | EXC       | BP                   |
| RETIN-A MICRO TOPICAL GEL                       | T2        | BP                   |
| RETIN-A TOPICAL CREAM                           | T2        | BP                   |
| RETIN-A TOPICAL GEL                             | T2        | BP                   |
| RETROVIR ORAL CAPSULE                           | T2        | BP; MM               |
| RETROVIR ORAL SYRUP                             | T2        | BP; MM               |
| REVATIO ORAL SUSPENSION FOR RECONSTITUTION      | T2        | SP; BP; MM           |
| REVATIO ORAL TABLET                             | T2        | SP; BP; MM           |
| REVEAL BLOOD GLUCOSE METER KIT                  | EXC       | MM; QL               |
| REVEAL TEST STRIP STRIP                         | EXC       | PA; MM               |
| REVLIMID ORAL CAPSULE                           | T2        | PA; SP; MM; QL       |
| REXTOVY NASAL SPRAY, NON-AEROSOL                | T2        | QL                   |
| REXULTI ORAL TABLET                             | T2        | ST; MM               |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG             | T2        | BP; MM               |
| REYATAZ ORAL POWDER IN PACKET                   | T3        | MM                   |
| REYVOW ORAL TABLET                              | T2        | PA; QL               |
| REZDIFFRA ORAL TABLET                           | T3        | PA; SP; MM; QL       |
| REZLIDHIA ORAL CAPSULE                          | T3        | PA; SP; MM; QL; LA   |

| Drug Name                                  | Drug Tier | Requirements/ Limits |
|--------------------------------------------|-----------|----------------------|
| REZUROCK ORAL TABLET                       | T2        | PA; MM; QL; LA       |
| REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN | EXC       | MM                   |
| RHOFADE TOPICAL CREAM                      | T3        |                      |
| RHOPRESSA OPHTHALMIC (EYE) DROPS           | T2        | ST; MM               |
| <i>ribavirin oral capsule</i>              | T1        | SP; LA               |
| <i>ribavirin oral tablet 200 mg</i>        | T1        | SP; LA               |
| RIDAURA ORAL CAPSULE                       | T3        | MM                   |
| <i>rifabutin oral capsule</i>              | T1        |                      |
| <i>rifampin oral capsule</i>               | T1        |                      |
| RIGHTEST GM550 SYSTEM KIT                  | EXC       | MM; QL               |
| RIGHTEST GS550 TEST STRIPS STRIP           | EXC       | PA; MM               |
| RIGHTEST GT333 GLUCOSE METER               | EXC       | MM; QL               |
| RIGHTEST GT333 TEST STRIP STRIP            | EXC       | PA; MM               |
| RILUTEK ORAL TABLET                        | T2        | BP; MM               |
| <i>riluzole oral tablet</i>                | T1        | MM                   |
| <i>rimantadine oral tablet</i>             | T1        |                      |
| <i>ringer's irrigation solution</i>        | T3        |                      |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR  | T2        | PA; SP; MM; QL; LA   |

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| Drug Name                                               | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------|-----------|-------------------------|
| RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON           | T3        | MM                      |
| RIOMET ORAL SOLUTION                                    | T3        | BP; MM                  |
| <i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>      | T1        | MM                      |
| <i>risedronate oral tablet 30 mg</i>                    | T1        |                         |
| <i>risedronate oral tablet, delayed release (dr/ec)</i> | T3        | MM                      |
| RISPERDAL ORAL SOLUTION                                 | T2        | BP; MM                  |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG    | T2        | BP; MM                  |
| <i>risperidone oral solution</i>                        | T1        | MM                      |
| <i>risperidone oral tablet</i>                          | T1        | MM                      |
| <i>risperidone oral tablet, disintegrating</i>          | T1        | MM                      |
| RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50              | T2        | BP; MM                  |
| RITALIN ORAL TABLET                                     | T2        | BP; MM                  |
| RITEFLO AEROCHAMBER SPACER                              | T3        |                         |
| <i>ritonavir oral tablet</i>                            | T1        | MM                      |
| <i>rivastigmine tartrate oral capsule</i>               | T1        | MM                      |
| <i>rivastigmine transdermal patch 24 hour</i>           | T1        | MM                      |

| Drug Name                                            | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------|-----------|-------------------------|
| <i>rivelsa oral tablets, dose pack, 3 month</i>      | T1        | MM                      |
| RIVFLOZA SUBCUTANEOUS SOLUTION                       | EXC       | SP; MM                  |
| RIXUBIS INTRAVENOUS RECON SOLN                       | T2        | SP; MM; LA              |
| <i>rizatriptan oral tablet</i>                       | T1        | QL                      |
| <i>rizatriptan oral tablet, disintegrating</i>       | T1        | QL                      |
| R-NATAL OB ORAL CAPSULE                              | T2        | MM                      |
| ROBINUL FORTE ORAL TABLET                            | EXC       | BP; MM                  |
| ROBINUL ORAL TABLET                                  | EXC       | BP; MM                  |
| ROCALTROL ORAL SOLUTION                              | T2        | BP; MM                  |
| ROCKLATAN OPHTHALMIC (EYE) DROPS                     | T3        | PA; MM                  |
| <i>roflumilast oral tablet</i>                       | T3        | MM                      |
| ROLVEDON SUBCUTANEOUS SYRINGE                        | T3        | PA; SP                  |
| <i>ropinirole oral tablet</i>                        | T1        | MM                      |
| <i>ropinirole oral tablet extended release 24 hr</i> | T3        | MM                      |
| <i>rosadan topical cream</i>                         | T1        |                         |
| <i>rosadan topical gel</i>                           | T1        |                         |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL                | EXC       |                         |

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| Drug Name                                                      | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------|-----------|-------------------------|
| ROSADAN<br>TOPICAL<br>KIT,CLEANSER<br>AND CREAM                | EXC       |                         |
| <i>rosula cleansing<br/>cloths topical<br/>pads, medicated</i> | EXC       |                         |
| ROSULA<br>TOPICAL<br>CLEANSER                                  | EXC       |                         |
| <i>rosuvastatin oral<br/>tablet</i>                            | T1        | MM                      |
| ROSZET ORAL<br>TABLET                                          | T3        | MM; QL                  |
| ROTARIX ORAL<br>SUSPENSION                                     | T2        |                         |
| ROTATEQ<br>VACCINE ORAL<br>SOLUTION                            | T2        |                         |
| ROWASA<br>RECTAL ENEMA<br>KIT                                  | T3        | BP; MM                  |
| <i>roweepra oral<br/>tablet 500 mg</i>                         | T1        | MM                      |
| ROXICODONE<br>ORAL TABLET 15<br>MG, 30 MG                      | T2        | PA; BP; QL              |
| ROXYBOND<br>ORAL TABLET,<br>ORAL ONLY                          | EXC       | PA; QL                  |
| ROZEREM ORAL<br>TABLET                                         | T2        | BP                      |
| ROZLYTREK<br>ORAL CAPSULE                                      | T2        | PA; SP; MM;<br>QL; LA   |
| ROZLYTREK<br>ORAL PELLETS<br>IN PACKET                         | T3        | PA; SP; MM;<br>QL; LA   |
| RUBRACA ORAL<br>TABLET                                         | T2        | PA; SP; MM;<br>QL; LA   |
| <i>rufinamide oral<br/>suspension</i>                          | T1        | MM                      |
| <i>rufinamide oral<br/>tablet</i>                              | T1        | MM                      |

| Drug Name                                           | Drug Tier | Requirements/<br>Limits                                      |
|-----------------------------------------------------|-----------|--------------------------------------------------------------|
| RUKOBIA ORAL<br>TABLET<br>EXTENDED<br>RELEASE 12 HR | T2        | PA; MM; QL                                                   |
| RYALTRIS<br>NASAL<br>SPRAY, NON-<br>AEROSOL         | EXC       |                                                              |
| RYBELSUS<br>ORAL TABLET 14<br>MG, 7 MG              | T2        | PA; MM; QL                                                   |
| RYBELSUS<br>ORAL TABLET 3<br>MG                     | T2        | PA; QL                                                       |
| RYCLOLA ORAL<br>SOLUTION                            | T3        | PA; BP                                                       |
| RYDAPT ORAL<br>CAPSULE                              | T2        | PA; SP; MM; LA                                               |
| RYTARY ORAL<br>CAPSULE,<br>EXTENDED<br>RELEASE      | T2        | MM                                                           |
| RYVENT ORAL<br>TABLET                               | EXC       |                                                              |
| SABRIL ORAL<br>POWDER IN<br>PACKET                  | T2        | SP; BP; MM                                                   |
| SABRIL ORAL<br>TABLET                               | T3        | PA; SP; BP;<br>MM; Preferred<br>Alternatives<br>(vigabatrin) |
| SAFYRAL ORAL<br>TABLET                              | T2        | BP; MM                                                       |
| <i>sajazir<br/>subcutaneous<br/>syringe</i>         | T2        | PA; SP; QL; LA                                               |
| SALAGEN<br>(PILOCARPINE)<br>ORAL TABLET             | T2        | BP; MM                                                       |
| <i>salsalate oral<br/>tablet</i>                    | T1        | MM                                                           |
| SAMSCA ORAL<br>TABLET                               | T2        | PA; SP; BP; QL                                               |
| SANCUSO<br>TRANSDERMAL<br>PATCH WEEKLY              | T3        |                                                              |

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| Drug Name                                                        | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------|-----------|----------------------|
| SANDIMMUNE ORAL CAPSULE                                          | T2        | BP; MM               |
| SANDIMMUNE ORAL SOLUTION                                         | T2        | MM                   |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | T2        | SP; BP; MM           |
| SANTYL TOPICAL OINTMENT                                          | T2        | QL                   |
| SAPHRIS SUBLINGUAL TABLET                                        | T2        | BP; MM               |
| <i>sapropterin oral powder in packet</i>                         | T1        | PA; SP; MM; LA       |
| <i>sapropterin oral tablet, soluble</i>                          | T1        | PA; SP; MM; LA       |
| SAVAYSA ORAL TABLET                                              | EXC       | MM                   |
| SAVELLA ORAL TABLET                                              | T2        | MM                   |
| SAVELLA ORAL TABLETS, DOSE PACK                                  | T2        |                      |
| <i>saxagliptin oral tablet</i>                                   | T3        | PA; MM               |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i>    | T3        | PA; MM               |
| SAXENDA SUBCUTANEOUS PEN INJECTOR                                | T2        | PA; MM; QL           |
| SCALACORT DK TOPICAL COMBO PACK                                  | EXC       |                      |
| <i>scalacort topical lotion</i>                                  | T3        |                      |
| SCSEMBLIX ORAL TABLET                                            | T2        | PA; SP; MM; QL; LA   |
| <i>scopolamine base transdermal patch 3 day</i>                  | T1        |                      |

| Drug Name                                             | Drug Tier | Requirements/ Limits                                          |
|-------------------------------------------------------|-----------|---------------------------------------------------------------|
| SECUADO TRANSDERMAL PATCH 24 HOUR                     | T3        | ST; MM                                                        |
| SEGLENTIS ORAL TABLET                                 | EXC       | PA; QL                                                        |
| SEGLUROMET ORAL TABLET                                | EXC       | MM; Preferred Alternatives (XIGDUO XR, SYNJARDY, SYNJARDY XR) |
| SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE          | T2        | BP; MM                                                        |
| SELECT-OB + DHA ORAL COMBO PACK                       | T2        | MM                                                            |
| SELECT-OB ORAL TABLET, CHEWABLE                       | T2        | MM                                                            |
| <i>selegiline hcl oral capsule</i>                    | T1        | MM                                                            |
| <i>selegiline hcl oral tablet</i>                     | T1        | MM                                                            |
| <i>selenium sulfide topical lotion</i>                | T1        |                                                               |
| <i>selenium sulfide topical shampoo 2.25 %</i>        | T1        |                                                               |
| <i>selenium sulfide topical shampoo 2.3 %</i>         | T3        |                                                               |
| SELZENTRY ORAL SOLUTION                               | T2        | MM                                                            |
| SELZENTRY ORAL TABLET 150 MG, 300 MG                  | T2        | BP; MM                                                        |
| SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION | EXC       | MM                                                            |

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| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN | EXC       | MM                   |
| <i>se-natal 19 chewable oral tablet,chewable</i>        | T2        | MM                   |
| <i>se-natal-19 oral tablet</i>                          | T2        | MM                   |
| SENSIPAR ORAL TABLET                                    | T2        | BP; MM               |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE          | T2        | MM                   |
| SERNIVO TOPICAL SPRAY WITH PUMP                         | T3        |                      |
| SEROQUEL ORAL TABLET                                    | T2        | BP; MM               |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR          | T3        | BP; MM               |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG       | T2        | PA; SP; MM           |
| SERTRALINE ORAL CAPSULE                                 | EXC       | MM                   |
| <i>sertraline oral concentrate</i>                      | T1        | MM                   |
| <i>sertraline oral tablet</i>                           | T1        | MM                   |
| <i>setlakin oral tablets,dose pack,3 month</i>          | T1        | MM                   |
| <i>sevelamer carbonate oral powder in packet</i>        | T1        | MM; QL               |
| <i>sevelamer carbonate oral tablet</i>                  | T1        | MM                   |

| Drug Name                                                                | Drug Tier | Requirements/ Limits                             |
|--------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>sevelamer hcl oral tablet</i>                                         | T3        | MM; Preferred Alternatives (sevelamer carbonate) |
| SEVENFACT INTRAVENOUS RECON SOLN                                         | T2        | SP                                               |
| SEYSARA ORAL TABLET                                                      | T3        | PA                                               |
| SFROWASA RECTAL ENEMA                                                    | T2        | BP; MM                                           |
| <i>sharobel oral tablet</i>                                              | T1        | MM                                               |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION                | T2        |                                                  |
| SIGNIFOR SUBCUTANEOUS SOLUTION                                           | T2        | PA; SP; MM                                       |
| SIKLOS ORAL TABLET 1,000 MG                                              | EXC       | MM                                               |
| SIKLOS ORAL TABLET 100 MG                                                | T3        | MM                                               |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i> | T1        | SP; MM                                           |
| <i>sildenafil (pulm.hypertension) oral tablet</i>                        | T1        | SP; MM                                           |
| <i>sildenafil oral tablet</i>                                            | T1        | MM; QL                                           |
| SILENOR ORAL TABLET                                                      | EXC       | BP                                               |
| SILIQ SUBCUTANEOUS SYRINGE                                               | EXC       | PA; SP; MM                                       |
| <i>silodosin oral capsule</i>                                            | T3        | MM                                               |
| SILVADENE TOPICAL CREAM                                                  | T2        | BP                                               |

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| Drug Name                                                 | Drug Tier | Requirements/<br>Limits                                                |
|-----------------------------------------------------------|-----------|------------------------------------------------------------------------|
| <i>silver sulfadiazine topical cream</i>                  | T1        |                                                                        |
| SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION                | T3        | MM                                                                     |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT | EXC       | SP; MM; LA                                                             |
| <i>simliya (28) oral tablet</i>                           | T1        | MM                                                                     |
| <i>simpesse oral tablets,dose pack,3 month</i>            | T1        | MM                                                                     |
| SIMPONI SUBCUTANEOUS PEN INJECTOR                         | T2        | PA; SP; MM; QL; LA                                                     |
| SIMPONI SUBCUTANEOUS SYRINGE                              | T2        | PA; SP; MM; QL; LA                                                     |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>  | T1        | MM; QL                                                                 |
| <i>simvastatin oral tablet 80 mg</i>                      | EXC       | MM; QL; Preferred Alternatives (simvastatin, simvastatin, simvastatin) |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG                  | T2        | BP; MM                                                                 |
| SINGULAIR ORAL GRANULES IN PACKET                         | T2        | BP; MM                                                                 |
| SINGULAIR ORAL TABLET                                     | T2        | BP; MM                                                                 |
| SINGULAIR ORAL TABLET,CHEWABLE                            | T2        | BP; MM                                                                 |
| SINUVA SINUS IMPLANT                                      | EXC       | SP                                                                     |

| Drug Name                              | Drug Tier | Requirements/<br>Limits |
|----------------------------------------|-----------|-------------------------|
| <i>sirolimus oral solution</i>         | T2        | MM                      |
| <i>sirolimus oral tablet</i>           | T1        | MM                      |
| SIRTURO ORAL TABLET                    | T3        | PA                      |
| SITAGLIPTIN ORAL TABLET                | T3        | PA; MM                  |
| SIVEXTRO ORAL TABLET                   | EXC       | QL                      |
| SKYCLARYS ORAL CAPSULE                 | T2        | PA; SP; MM; QL          |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR      | T2        | PA; SP; MM; QL; LA      |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | T2        | PA; SP; MM; QL; LA      |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR | T2        | PA; SP; MM; QL; LA      |
| SKYTROFA SUBCUTANEOUS CARTRIDGE        | T2        | PA; SP; MM              |
| SLYND ORAL TABLET                      | T3        | ST; MM                  |
| SMART SENSE MONITORING SYSTEM          | EXC       | MM; QL                  |
| SMART SENSE TEST STRIPS STRIP          | EXC       | PA; MM                  |
| SMARTEST EJECT KIT                     | EXC       | MM; QL                  |
| SMARTEST PERSONA STARTER KIT           | EXC       | MM; QL                  |
| SMARTEST PRONTO STARTER KIT            | EXC       | MM; QL                  |
| SMARTEST PROTEGE KIT                   | EXC       | MM; QL                  |
| SMARTEST TEST STRIP                    | EXC       | PA; MM                  |

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| Drug Name                                                       | Drug Tier | Requirements/<br>Limits                |
|-----------------------------------------------------------------|-----------|----------------------------------------|
| <i>smoothlax oral powder</i>                                    | T1        |                                        |
| SOAANZ ORAL TABLET                                              | EXC       | MM; Preferred Alternatives (torsemide) |
| <i>sodium chloride 0.9 % injection solution</i>                 | T2        |                                        |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>    | T2        |                                        |
| <i>sodium chloride 0.9 % intravenous piggyback</i>              | T2        |                                        |
| <i>sodium chloride inhalation solution for nebulization</i>     | T1        |                                        |
| <i>sodium chloride injection syringe</i>                        | T2        |                                        |
| <i>sodium chloride intravenous solution 4 meq/ml</i>            | EXC       |                                        |
| <i>sodium chloride irrigation solution</i>                      | T2        |                                        |
| <i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> | T3        |                                        |
| <i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i> | T1        |                                        |
| SODIUM OXYBATE ORAL SOLUTION                                    | EXC       | PA; SP; MM                             |
| <i>sodium phenylbutyrate oral powder</i>                        | T1        | MM                                     |
| <i>sodium phenylbutyrate oral tablet</i>                        | T1        | MM                                     |
| <i>sodium polystyrene sulfonate oral powder</i>                 | T1        |                                        |

| Drug Name                                                                      | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------|-----------|-------------------------|
| <i>sodium,potassium ,mag sulfates oral recon soln</i>                          | T1        |                         |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET                                             | T2        | PA; SP; LA              |
| SOGROYA SUBCUTANEOUS PEN INJECTOR                                              | EXC       | SP; MM                  |
| SOHONOS ORAL CAPSULE                                                           | T2        | PA; SP; MM; QL          |
| <i>solifenacin oral tablet</i>                                                 | T1        | MM                      |
| SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN                                         | T2        | PA; MM                  |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | EXC       | BP                      |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET                                    | T3        |                         |
| SOLTAMOX ORAL SOLUTION                                                         | T3        | PA; MM                  |
| SOLUS V2 AUDIBLE METER                                                         | EXC       | MM; QL                  |
| SOLUS V2 AUDIBLE METER KIT                                                     | EXC       | MM; QL                  |
| SOLUS V2 TEST STRIPS STRIP                                                     | EXC       | PA; MM                  |
| SOMA ORAL TABLET 250 MG                                                        | EXC       | BP                      |
| SOMA ORAL TABLET 350 MG                                                        | T2        | BP                      |
| SOMAVERT SUBCUTANEOUS RECON SOLN                                               | T3        | PA; SP; MM              |
| SOOLANTRA TOPICAL CREAM                                                        | T1        | BP                      |

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| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| <i>sorafenib oral tablet</i>                            | T1        | PA; SP; MM; QL; LA   |
| SORBITOL IRRIGATION SOLUTION 3 %                        | T3        |                      |
| SORBITOL-MANNITOL TRANSURETHRAL SOLUTION                | T3        |                      |
| SORILUX TOPICAL FOAM                                    | T3        |                      |
| <i>sotalol af oral tablet</i>                           | T1        | MM                   |
| <i>sotalol oral tablet</i>                              | T1        | MM                   |
| SOTYKTU ORAL TABLET                                     | EXC       | PA; SP; MM; QL       |
| SOTYLIZE ORAL SOLUTION                                  | T3        | MM                   |
| SOVALDI ORAL PELLETS IN PACKET                          | T3        | PA; SP; LA           |
| SOVALDI ORAL TABLET                                     | T3        | PA; SP; LA           |
| SOVUNA ORAL TABLET                                      | EXC       | MM                   |
| SPACE CHAMBER SPACER                                    | EXC       |                      |
| SPEVIGO SUBCUTANEOUS SYRINGE                            | T3        | SP; MM; QL           |
| SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION | T2        |                      |
| SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE    | T2        |                      |
| <i>spinosad topical suspension</i>                      | T3        |                      |
| SPIRIVA RESPIMAT INHALATION MIST                        | T2        | MM                   |

| Drug Name                                                       | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------|-----------|----------------------|
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE | T1        | BP; MM               |
| <i>spironolactone oral suspension</i>                           | T3        | MM                   |
| <i>spironolactone oral tablet</i>                               | T1        | MM                   |
| <i>spironolactone-hydrochlorothiazide oral tablet</i>           | T1        | MM                   |
| SPORANOX ORAL CAPSULE                                           | T2        | BP                   |
| SPORANOX ORAL SOLUTION                                          | T2        | BP                   |
| <i>sprintec (28) oral tablet</i>                                | T1        | MM                   |
| SPRITAM ORAL TABLET FOR SUSPENSION                              | T3        | MM                   |
| SPRIX NASAL SPRAY, NON-AEROSOL                                  | T3        | PA; SP; QL           |
| SPRYCEL ORAL TABLET                                             | T2        | PA; SP; MM; QL; LA   |
| <i>sps (with sorbitol) oral suspension</i>                      | T3        |                      |
| <i>sps (with sorbitol) rectal enema</i>                         | T3        |                      |
| <i>sronyx oral tablet</i>                                       | T1        | MM                   |
| <i>ssd topical cream</i>                                        | T1        |                      |
| SSKI ORAL SOLUTION                                              | T2        |                      |
| <i>sss 10-5 topical cream</i>                                   | T3        |                      |
| <i>sss 10-5 topical foam</i>                                    | EXC       |                      |
| <i>st joseph aspirin oral tablet, chewable</i>                  | T1        | MM                   |
| <i>st. joseph aspirin oral tablet, delayed release (drlec)</i>  | T1        | MM                   |

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| Drug Name                                         | Drug Tier | Requirements/<br>Limits                         |
|---------------------------------------------------|-----------|-------------------------------------------------|
| <i>stavudine oral capsule 40 mg</i>               | T3        | MM                                              |
| STEGLATRO ORAL TABLET                             | EXC       | MM; Preferred Alternatives (FARXIGA, JARDIANCE) |
| STEGLUJAN ORAL TABLET                             | EXC       | MM                                              |
| STELARA SUBCUTANEOUS SYRINGE                      | T2        | PA; SP; MM; QL; LA                              |
| STENDRA ORAL TABLET                               | T3        | MM; QL                                          |
| STIMUFEND SUBCUTANEOUS SYRINGE                    | EXC       | SP; Preferred Alternatives (FULPHILA)           |
| STIOLTO RESPIMAT INHALATION MIST                  | T2        | MM                                              |
| STIVARGA ORAL TABLET                              | T2        | PA; SP; QL; LA                                  |
| <i>stop smoking aid buccal lozenge</i>            | T1        |                                                 |
| STRATTERA ORAL CAPSULE                            | T2        | BP; MM                                          |
| STRENSIQ SUBCUTANEOUS SOLUTION                    | T2        | PA; SP; MM                                      |
| <i>stress formula with iron oral tablet</i>       | T1        |                                                 |
| <i>stress formula with iron(sulf) oral tablet</i> | T1        |                                                 |
| STRIBILD ORAL TABLET                              | T3        | MM                                              |
| STRIVERDI RESPIMAT INHALATION MIST                | T2        | MM                                              |
| STROMEKTOL ORAL TABLET                            | T2        | BP                                              |
| <i>strong iodine oral solution</i>                | T1        |                                                 |

| Drug Name                                                     | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------|-----------|-------------------------|
| <i>strong iodine topical solution</i>                         | T1        |                         |
| SUBOXONE SUBLINGUAL FILM                                      | T2        | BP; MM                  |
| <i>subvenite oral tablet</i>                                  | T1        | MM                      |
| <i>subvenite starter (blue) kit oral tablets, dose pack</i>   | T3        |                         |
| <i>subvenite starter (green) kit oral tablets, dose pack</i>  | T3        |                         |
| <i>subvenite starter (orange) kit oral tablets, dose pack</i> | T3        |                         |
| SUCRAID ORAL SOLUTION                                         | T3        | PA; SP; MM              |
| <i>sucrafate oral suspension</i>                              | T1        | MM                      |
| <i>sucrafate oral tablet</i>                                  | T1        | MM                      |
| SUFLAVE ORAL RECON SOLN                                       | T3        |                         |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG | T3        | BP; MM                  |
| SULCONAZOLE TOPICAL CREAM                                     | T3        |                         |
| SULCONAZOLE TOPICAL SOLUTION                                  | T3        |                         |
| <i>sulfacetamide sodium (acne) topical suspension</i>         | T1        |                         |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i>            | T1        |                         |
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i>         | T2        |                         |

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| Drug Name                                                                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>sulfacetamide sodium topical cleanser</i>                                          | T3        |                         |
| <i>sulfacetamide sodium topical cleanser, gel</i>                                     | EXC       |                         |
| <i>sulfacetamide sodium topical shampoo</i>                                           | T3        |                         |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i> | T3        |                         |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>                      | T1        |                         |
| SULFACETAMID E SODIUM-SULFUR TOPICAL CLEANSER 8-4 %                                   | EXC       |                         |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>                               | EXC       |                         |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w), 9.8-4.8 %</i>              | T3        |                         |
| <i>sulfacetamide sodium-sulfur topical lotion</i>                                     | EXC       |                         |
| <i>sulfacetamide sodium-sulfur topical pads, medicated</i>                            | EXC       |                         |
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>                   | T3        |                         |

| Drug Name                                                 | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------|-----------|-------------------------|
| SULFACETAMID E SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %  | EXC       |                         |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>  | T1        |                         |
| <i>sulfacleanse 8-4 topical suspension</i>                | T3        |                         |
| <i>sulfadiazine oral tablet</i>                           | T2        |                         |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>      | T1        |                         |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>          | T1        |                         |
| SULFAMYLON TOPICAL CREAM                                  | T2        |                         |
| <i>sulfasalazine oral tablet</i>                          | T1        | MM                      |
| <i>sulfasalazine oral tablet, delayed release (dr/ec)</i> | T1        | MM                      |
| <i>sulfatrim oral suspension</i>                          | T1        |                         |
| <i>sulindac oral tablet</i>                               | T3        | MM                      |
| SUMADAN TOPICAL CLEANSER                                  | T3        |                         |
| SUMADAN TOPICAL KIT                                       | EXC       |                         |
| SUMADAN XLT TOPICAL COMBO PACK, CLEANSE R AND CREAM       | EXC       |                         |
| <i>sumatriptan nasal spray, non-aerosol</i>               | T1        | QL                      |
| <i>sumatriptan succinate oral tablet</i>                  | T1        | QL                      |

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| Drug Name                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------|-----------|-------------------------|
| <i>sumatriptan succinate subcutaneous cartridge</i>         | T2        | QL                      |
| <i>sumatriptan succinate subcutaneous pen injector</i>      | T2        | QL                      |
| <i>sumatriptan succinate subcutaneous solution</i>          | T2        | QL                      |
| <i>sumatriptan-naproxen oral tablet</i>                     | EXC       |                         |
| SUMAXIN CP TOPICAL KIT                                      | EXC       |                         |
| SUMAXIN TOPICAL CLEANSER                                    | EXC       |                         |
| SUMAXIN TOPICAL PADS, MEDICATED                             | EXC       | BP                      |
| SUMAXIN TS TOPICAL SUSPENSION                               | EXC       |                         |
| <i>sunitinib malate oral capsule</i>                        | T1        | PA; SP; MM; LA          |
| SUNLENCA ORAL TABLET                                        | T2        | PA; SP; QL              |
| SUNOSI ORAL TABLET                                          | T3        | PA; MM; QL              |
| <i>super b maxi complex oral tablet</i>                     | T1        | MM                      |
| <i>super b-50 complex oral capsule 400 mcg-20 mg- 50 mg</i> | EXC       |                         |
| <i>super quints oral tablet</i>                             | T1        | MM                      |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN                       | T2        | BP                      |

| Drug Name                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------|-----------|-------------------------|
| SURE-TEST EASYPLUS MINI METER                      | EXC       | MM; QL                  |
| SURE-TEST EASYPLUS MINI STRIP                      | EXC       | PA; MM                  |
| SUTAB ORAL TABLET                                  | T2        |                         |
| SUTENT ORAL CAPSULE                                | T2        | PA; SP; BP; MM; LA      |
| <i>syeda oral tablet</i>                           | T1        | MM                      |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE    | T2        | MM                      |
| <i>symax fastabs oral tablet,disintegrating</i>    | T3        | MM                      |
| <i>symax-sl sublingual tablet</i>                  | T1        | MM                      |
| <i>symax-sr oral tablet extended release 12 hr</i> | T1        | MM                      |
| SYMBICORT INHALATION HFA AEROSOL INHALER           | T2        | BP; MM                  |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG              | T3        | BP; MM                  |
| SYMDEKO ORAL TABLETS, SEQUENTIAL                   | T2        | PA; SP; MM              |
| SYMFI LO ORAL TABLET                               | T2        | BP; MM                  |
| SYMFI ORAL TABLET                                  | T2        | BP; MM                  |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR            | T2        | MM                      |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR             | T2        | MM                      |

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| Drug Name                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------|-----------|-------------------------|
| SYMPAZAN ORAL FILM                                         | T3        | MM                      |
| SYMPROIC ORAL TABLET                                       | T3        |                         |
| SYMTUZA ORAL TABLET                                        | T2        | MM                      |
| SYNALAR CREAM KIT TOPICAL CREAM                            | EXC       |                         |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM | EXC       |                         |
| SYNALAR TOPICAL CREAM                                      | T2        | BP                      |
| SYNALAR TOPICAL OINTMENT                                   | T2        | BP                      |
| SYNALAR TOPICAL SOLUTION                                   | T2        | BP                      |
| SYNALAR TS TOPICAL KIT                                     | EXC       |                         |
| SYNAREL NASAL SPRAY,NON-AEROSOL                            | T2        |                         |
| SYNDROS ORAL SOLUTION                                      | T2        | PA                      |
| SYNJARDY ORAL TABLET                                       | T2        | MM                      |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR            | T2        | MM                      |
| SYNTHROID ORAL TABLET                                      | T2        | BP; MM                  |
| SYPRINE ORAL CAPSULE                                       | T2        | BP; MM                  |
| TABLOID ORAL TABLET                                        | T2        |                         |
| TABRECTA ORAL TABLET                                       | T2        | PA; SP; MM; QL; LA      |

| Drug Name                                             | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------|-----------|-------------------------|
| TACLONEX TOPICAL SUSPENSION                           | T3        | BP                      |
| <i>tacrolimus oral capsule</i>                        | T1        | MM                      |
| <i>tacrolimus topical ointment</i>                    | T1        |                         |
| <i>tadalafil (pulm. hypertension) oral tablet</i>     | T2        | SP; MM; QL              |
| <i>tadalafil oral tablet</i>                          | T2        | MM; QL                  |
| TADLIQ ORAL SUSPENSION                                | T3        | PA; SP; MM; QL          |
| TAFINLAR ORAL CAPSULE                                 | T2        | PA; SP; MM; QL; LA      |
| TAFINLAR ORAL TABLET FOR SUSPENSION                   | T2        | PA; SP; MM              |
| <i>tafluprost (pf) ophthalmic (eye) dropperette</i>   | T3        | MM                      |
| TAGRISSO ORAL TABLET                                  | T2        | PA; SP; QL; LA          |
| TAKE ACTION ORAL TABLET                               | T2        | BP                      |
| TAKHZYRO SUBCUTANEOUS SOLUTION                        | T2        | PA; SP; MM              |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML               | T2        | PA; SP; MM; QL          |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | T2        | PA; SP; MM              |
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE           | EXC       |                         |

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| Drug Name                                              | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------|-----------|-------------------------|
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR | T2        | PA; SP; MM; QL; LA      |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR | T2        | PA; SP; MM; QL; LA      |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR          | T2        | PA; SP; MM; QL; LA      |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE                     | T2        | PA; SP; MM; QL; LA      |
| TALZENNA ORAL CAPSULE                                  | T2        | PA; SP; QL; LA          |
| TAMIFLU ORAL CAPSULE                                   | T2        | BP                      |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION             | T2        | BP                      |
| <i>tamoxifen oral tablet</i>                           | T1        | MM                      |
| <i>tamsulosin oral capsule</i>                         | T1        | MM                      |
| TAPERDEX ORAL TABLETS,DOSE PACK                        | EXC       |                         |
| TARCEVA ORAL TABLET                                    | T2        | PA; SP; BP; MM; QL; LA  |
| TARGADOX ORAL TABLET                                   | EXC       | BP                      |
| TARGRETIN ORAL CAPSULE                                 | T2        | PA; SP; BP; MM; LA      |
| TARGRETIN TOPICAL GEL                                  | T2        | PA; SP; BP; QL; LA      |
| <i>tarina 24 fe oral tablet</i>                        | T1        | MM                      |

| Drug Name                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------|-----------|-------------------------|
| <i>tarina fe 1/20 (28) oral tablet</i>             | T1        | MM                      |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)        | T3        | PA; SP; QL              |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING            | EXC       | PA; SP; MM; QL          |
| TASIGNA ORAL CAPSULE                               | T2        | PA; SP; MM; QL; LA      |
| <i>tasimelteon oral capsule</i>                    | T3        | PA; SP; MM              |
| TASMAR ORAL TABLET 100 MG                          | T3        | BP; MM                  |
| <i>tavaborole topical solution with applicator</i> | T3        | PA                      |
| TAVALISSE ORAL TABLET                              | T2        | PA; SP; QL; LA          |
| TAVNEOS ORAL CAPSULE                               | T2        | PA; SP; MM; QL          |
| TAYTULLA ORAL CAPSULE                              | T2        | BP; MM                  |
| <i>tazarotene topical cream</i>                    | T1        |                         |
| TAZAROTENE TOPICAL FOAM                            | T3        |                         |
| <i>tazarotene topical gel</i>                      | T1        |                         |
| <i>tazicef injection recon soln 1 gram</i>         | T2        |                         |
| TAZORAC TOPICAL CREAM 0.05 %                       | T2        |                         |
| TAZORAC TOPICAL CREAM 0.1 %                        | T2        | BP                      |
| TAZORAC TOPICAL GEL                                | T2        | BP                      |
| TAZVERIK ORAL TABLET                               | T2        | PA; SP; MM; QL; LA      |

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| Drug Name                                                                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------|-----------|-------------------------|
| TDVAX<br>INTRAMUSCULAR<br>SUSPENSION                                                  | T2        |                         |
| TECFIDERA<br>ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC)<br>120 MG (14)-<br>240 MG (46) | EXC       | SP; BP; QL; LA          |
| TECFIDERA<br>ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC)<br>120 MG, 240 MG              | EXC       | SP; BP; MM;<br>QL; LA   |
| TEGLUTIK ORAL<br>SUSPENSION                                                           | T3        | PA; SP; MM; QL          |
| TEGRETOL<br>ORAL<br>SUSPENSION                                                        | T2        | BP; MM                  |
| TEGRETOL<br>ORAL TABLET                                                               | T2        | BP; MM                  |
| TEGRETOL XR<br>ORAL TABLET<br>EXTENDED<br>RELEASE 12 HR                               | T2        | BP; MM                  |
| TEGSEDI<br>SUBCUTANEOUS<br>SYRINGE                                                    | T2        | PA; SP; MM              |
| TEKTRINA<br>ORAL TABLET                                                               | T2        | BP; MM                  |
| TELCARE TEST<br>STRIPS STRIP                                                          | EXC       | PA; MM                  |
| <i>telmisartan oral<br/>tablet</i>                                                    | T3        | MM                      |
| <i>telmisartan-<br/>amlodipine oral<br/>tablet</i>                                    | T3        | MM                      |
| <i>telmisartan-<br/>hydrochlorothiazide<br/>oral tablet</i>                           | T3        | MM                      |
| <i>temazepam oral<br/>capsule</i>                                                     | T1        |                         |
| TEMBEXA ORAL<br>SUSPENSION                                                            | T3        | QL                      |

| Drug Name                                                                                | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------|-----------|-------------------------|
| TEMBEXA ORAL<br>TABLET                                                                   | T3        | QL                      |
| <i>temozolomide oral<br/>capsule</i>                                                     | T1        | PA; SP; LA              |
| TEMPO SMART<br>BUTTON DEVICE                                                             | EXC       | MM                      |
| TEMPO<br>WELCOME KIT<br>KIT                                                              | EXC       |                         |
| <i>tencon oral tablet</i>                                                                | T3        |                         |
| TENIVAC (PF)<br>INTRAMUSCULAR<br>SUSPENSION                                              | T2        |                         |
| TENIVAC (PF)<br>INTRAMUSCULAR<br>SYRINGE                                                 | T2        |                         |
| <i>tenofovir<br/>disoproxil<br/>fumarate oral<br/>tablet</i>                             | T1        | MM                      |
| TENORETIC 100<br>ORAL TABLET                                                             | T2        | BP; MM                  |
| TENORETIC 50<br>ORAL TABLET                                                              | T2        | BP; MM                  |
| TENORMIN<br>ORAL TABLET                                                                  | T2        | BP; MM                  |
| TEPMETKO<br>ORAL TABLET                                                                  | T2        | PA; SP; MM;<br>QL; LA   |
| <i>terazosin oral<br/>capsule</i>                                                        | T1        | MM                      |
| <i>terbinafine hcl oral<br/>tablet</i>                                                   | T1        |                         |
| <i>terbutaline oral<br/>tablet</i>                                                       | T1        | MM                      |
| <i>terconazole<br/>vaginal cream</i>                                                     | T1        |                         |
| <i>terconazole<br/>vaginal<br/>suppository</i>                                           | T1        |                         |
| <i>teriflunomide oral<br/>tablet</i>                                                     | T1        | SP; MM                  |
| <i>teriparatide<br/>subcutaneous pen<br/>injector 20<br/>mcg/dose<br/>(600mcg/2.4ml)</i> | EXC       | SP; MM; LA              |

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| Drug Name                                                                                                                              | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| TERIPARATIDE<br>SUBCUTANEOUS<br>PEN INJECTOR<br>20 MCG/DOSE<br>(620MCG/2.48ML)                                                         | T2        | PA; SP; MM; LA          |
| TERSI FOAM<br>TOPICAL FOAM                                                                                                             | T2        |                         |
| TEST N'GO<br>BLOOD<br>GLUCOSE<br>SYSTEM                                                                                                | EXC       | MM; QL                  |
| TEST N'GO TEST<br>STRIP                                                                                                                | EXC       | PA; MM                  |
| TESTIM<br>TRANSDERMAL<br>GEL                                                                                                           | T2        | BP; MM                  |
| <i>testosterone<br/>cypionate<br/>intramuscular oil</i>                                                                                | T2        | MM                      |
| <i>testosterone<br/>enanthate<br/>intramuscular oil</i>                                                                                | T2        | MM                      |
| <i>testosterone<br/>transdermal gel</i>                                                                                                | T1        | MM                      |
| <i>testosterone<br/>transdermal gel in<br/>metered-dose<br/>pump 10 mg/0.5<br/>gram /actuation</i>                                     | T3        | MM                      |
| <i>testosterone<br/>transdermal gel in<br/>metered-dose<br/>pump 12.5 mg/<br/>1.25 gram (1 %),<br/>20.25 mg/1.25<br/>gram (1.62 %)</i> | T1        | MM                      |
| <i>testosterone<br/>transdermal gel in<br/>packet 1 % (25<br/>mg/2.5gram), 1 %<br/>(50 mg/5 gram)</i>                                  | T1        | MM                      |
| <i>testosterone<br/>transdermal gel in<br/>packet 1.62 %<br/>(20.25 mg/1.25<br/>gram), 1.62 %<br/>(40.5 mg/2.5<br/>gram)</i>           | T2        | MM                      |

| Drug Name                                                                      | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------|-----------|-------------------------|
| <i>testosterone<br/>transdermal<br/>solution in<br/>metered pump<br/>w/app</i> | T1        | MM                      |
| <i>tetrabenazine oral<br/>tablet</i>                                           | T1        | SP; MM                  |
| TETRACAINE<br>HCL (PF)<br>OPHTHALMIC<br>(EYE) DROPS                            | T2        |                         |
| <i>tetracaine hcl<br/>ophthalmic (eye)<br/>drops</i>                           | T1        |                         |
| <i>tetracycline oral<br/>capsule</i>                                           | T1        |                         |
| <i>tetracycline oral<br/>tablet</i>                                            | EXC       |                         |
| TEXACORT<br>TOPICAL<br>SOLUTION                                                | T2        |                         |
| TEZSPIRE<br>SUBCUTANEOUS<br>PEN INJECTOR                                       | T2        | PA; SP; MM; QL          |
| THALITONE<br>ORAL TABLET                                                       | EXC       | MM                      |
| THALOMID ORAL<br>CAPSULE 100<br>MG, 50 MG                                      | T2        | PA; SP; MM; QL          |
| THEO-24 ORAL<br>CAPSULE,EXTEN<br>DED RELEASE<br>24HR                           | T2        | MM                      |
| <i>theophylline oral<br/>elixir</i>                                            | T1        | MM                      |
| <i>theophylline oral<br/>solution</i>                                          | T1        | MM                      |
| <i>theophylline oral<br/>tablet extended<br/>release 12 hr</i>                 | T1        | MM                      |
| <i>theophylline oral<br/>tablet extended<br/>release 24 hr</i>                 | T1        | MM                      |

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| Drug Name                                                    | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------|-----------|-------------------------|
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC)               | T2        | PA; SP; MM              |
| THIOLA ORAL TABLET                                           | T2        | PA; SP; BP; MM          |
| <i>thioridazine oral tablet</i>                              | T1        | MM                      |
| <i>thiothixene oral capsule</i>                              | T1        | MM                      |
| THRIVITE RX ORAL TABLET                                      | T2        | MM                      |
| THYQUIDITY ORAL SOLUTION                                     | T2        | PA; MM                  |
| <i>thyroid (pork) oral tablet</i>                            | T1        | MM                      |
| <i>tiadylt er oral capsule, extended release 24 hr</i>       | T1        | MM                      |
| <i>tiagabine oral tablet</i>                                 | T1        | MM                      |
| TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR                  | T2        | BP; MM                  |
| TIBSOVO ORAL TABLET                                          | T2        | PA; SP; MM; QL; LA      |
| TIGLUTIK ORAL SUSPENSION                                     | T3        | PA; SP; MM; QL          |
| TIKOSYN ORAL CAPSULE                                         | T2        | BP; MM                  |
| <i>tilia fe oral tablet</i>                                  | T1        | MM                      |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette</i>     | T1        | MM                      |
| <i>timolol maleate ophthalmic (eye) drops</i>                | T1        | MM                      |
| <i>timolol maleate ophthalmic (eye) drops, once daily</i>    | T1        | MM                      |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i> | T1        | MM                      |

| Drug Name                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------|-----------|-------------------------|
| <i>timolol maleate oral tablet</i>                                | T3        | MM                      |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %         | T2        | MM                      |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %          | T2        | BP; MM                  |
| <i>tinidazole oral tablet</i>                                     | T1        |                         |
| <i>tiopronin oral tablet</i>                                      | T1        | PA; SP; MM              |
| <i>tiopronin oral tablet, delayed release (drlec)</i>             | T1        | PA; SP; MM              |
| <i>tiotropium bromide inhalation capsule, w/inhalation device</i> | EXC       | MM                      |
| TIROSINT ORAL CAPSULE                                             | T3        | MM                      |
| TIROSINT-SOL ORAL SOLUTION                                        | T3        | MM                      |
| <i>tis-u-sol pentalyte irrigation irrigation solution</i>         | T3        |                         |
| TIVICAY ORAL TABLET 50 MG                                         | T2        | MM                      |
| TIVICAY PD ORAL TABLET FOR SUSPENSION                             | T2        | MM                      |
| TIVORBEX ORAL CAPSULE                                             | EXC       |                         |
| <i>tizanidine oral capsule</i>                                    | T1        | MM                      |
| <i>tizanidine oral tablet</i>                                     | T1        | MM                      |
| TLANDO ORAL CAPSULE                                               | T3        | PA; MM; QL              |

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| Drug Name                                                              | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------|-----------|-------------------------|
| TOBI INHALATION SOLUTION FOR NEBULIZATION                              | T2        | SP; BP; MM              |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE                  | T3        | SP; MM                  |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT                                     | T2        |                         |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION                          | T3        |                         |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i> | T1        | SP; MM                  |
| <i>tobramycin inhalation solution for nebulization</i>                 | T1        | SP; MM                  |
| <i>tobramycin ophthalmic (eye) drops</i>                               | T1        |                         |
| TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION         | T1        | SP; MM                  |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>      | T1        |                         |
| TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS                           | EXC       |                         |
| TOBREX OPHTHALMIC (EYE) OINTMENT                                       | T2        |                         |
| TOLAK TOPICAL CREAM                                                    | T2        |                         |

| Drug Name                                             | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------|-----------|-------------------------|
| <i>tolcapone oral tablet</i>                          | T3        | MM                      |
| TOLECTIN 600 ORAL TABLET                              | T3        | BP; MM                  |
| <i>tolmetin oral capsule</i>                          | T3        | MM                      |
| TOLSURA ORAL CAPSULE, SOLID DISPERSION                | T2        | PA; QL                  |
| <i>tolterodine oral capsule,extended release 24hr</i> | T1        | MM                      |
| <i>tolterodine oral tablet</i>                        | T1        | MM                      |
| <i>tolvaptan oral tablet 15 mg</i>                    | T1        | PA; SP; MM; QL          |
| <i>tolvaptan oral tablet 30 mg</i>                    | T1        | PA; SP; QL              |
| TOPAMAX ORAL CAPSULE, SPRINKLE                        | T2        | BP; MM                  |
| TOPAMAX ORAL TABLET                                   | T2        | BP; MM                  |
| TOPICORT TOPICAL CREAM                                | T3        | BP                      |
| TOPICORT TOPICAL GEL                                  | T3        | BP                      |
| TOPICORT TOPICAL OINTMENT                             | T3        | BP                      |
| TOPICORT TOPICAL SPRAY, NON-AEROSOL                   | T3        | BP                      |
| <i>topiramate oral capsule, sprinkle</i>              | T1        | MM                      |
| <i>topiramate oral capsule,extended release 24hr</i>  | T3        | MM                      |
| <i>topiramate oral capsule,sprinkle,e r 24hr</i>      | T3        | MM                      |
| <i>topiramate oral tablet</i>                         | T1        | MM                      |

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| Drug Name                                                                   | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------|-----------|-------------------------|
| TOPROL XL<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR                       | T2        | BP; MM                  |
| <i>toremifene oral<br/>tablet</i>                                           | T3        | PA; MM                  |
| <i>torsemide oral<br/>tablet</i>                                            | T1        | MM                      |
| TOSYMRA<br>NASAL<br>SPRAY, NON-<br>AEROSOL                                  | T3        | QL                      |
| TOUJEO MAX U-<br>300 SOLOSTAR<br>SUBCUTANEOU<br>S INSULIN PEN               | T2        | MM                      |
| TOUJEO<br>SOLOSTAR U-<br>300 INSULIN<br>SUBCUTANEOU<br>S INSULIN PEN        | T2        | MM                      |
| <i>tovet emollient<br/>topical foam</i>                                     | T3        |                         |
| TOVIAZ ORAL<br>TABLET<br>EXTENDED<br>RELEASE 24 HR                          | T2        | BP; MM                  |
| TRACLEER<br>ORAL TABLET                                                     | T2        | PA; SP; BP;<br>MM; QL   |
| TRACLEER<br>ORAL TABLET<br>FOR<br>SUSPENSION                                | T2        | PA; SP; MM; QL          |
| TRADJENTA<br>ORAL TABLET                                                    | T2        | PA; MM                  |
| TRAMADOL<br>ORAL<br>CAPSULE, ER<br>BIPHASE 24 HR<br>17-83                   | T3        | PA; QL                  |
| TRAMADOL<br>ORAL<br>CAPSULE, ER<br>BIPHASE 24 HR<br>25-75 100 MG,<br>200 MG | T3        | PA; QL                  |

| Drug Name                                                                      | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------|-----------|-------------------------|
| TRAMADOL<br>ORAL SOLUTION                                                      | T3        | PA; QL                  |
| TRAMADOL<br>ORAL TABLET<br>100 MG                                              | T3        | PA; QL                  |
| TRAMADOL<br>ORAL TABLET 25<br>MG                                               | EXC       | PA; QL                  |
| <i>tramadol oral<br/>tablet 50 mg</i>                                          | T1        | PA; QL                  |
| <i>tramadol oral<br/>tablet extended<br/>release 24 hr</i>                     | T3        | PA; QL                  |
| <i>tramadol oral<br/>tablet, er<br/>multiphase 24 hr</i>                       | T3        | PA; QL                  |
| <i>tramadol-<br/>acetaminophen<br/>oral tablet</i>                             | T3        | PA; QL                  |
| <i>trandolapril oral<br/>tablet</i>                                            | T1        | MM                      |
| <i>trandolapril-<br/>verapamil oral<br/>tablet, ir - er,<br/>biphasic 24hr</i> | T1        | MM                      |
| <i>tranexamic acid<br/>oral tablet</i>                                         | T1        | MM                      |
| TRANSDERM-<br>SCOP<br>TRANSDERMAL<br>PATCH 3 DAY                               | T2        | BP                      |
| <i>tranylcypromine<br/>oral tablet</i>                                         | T1        | MM                      |
| TRAVATAN Z<br>OPHTHALMIC<br>(EYE) DROPS                                        | T2        | BP; MM                  |
| <i>travoprost<br/>ophthalmic (eye)<br/>drops</i>                               | T1        | MM                      |
| <i>trazodone oral<br/>tablet</i>                                               | T1        | MM                      |
| TRECATOR<br>ORAL TABLET                                                        | T2        |                         |

| Drug Name                                                         | Drug Tier | Requirements/<br>Limits                                                                                             |
|-------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------|
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE                    | T2        | MM                                                                                                                  |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR                                | T2        | PA; SP; MM; QL; LA                                                                                                  |
| TREMFYA SUBCUTANEOUS SYRINGE                                      | T2        | PA; SP; MM; QL; LA                                                                                                  |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN                  | EXC       | MM                                                                                                                  |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN                  | EXC       | MM                                                                                                                  |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION                       | EXC       | MM                                                                                                                  |
| <i>tretinoin (antineoplastic) oral capsule</i>                    | T1        |                                                                                                                     |
| <i>tretinoin microspheres topical gel</i>                         | T1        |                                                                                                                     |
| <i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> | T1        |                                                                                                                     |
| <i>tretinoin microspheres topical gel with pump 0.08 %</i>        | EXC       | Preferred Alternatives (tretinoin microsphere, tretinoin microsphere, tretinoin microsphere, tretinoin microsphere) |

| Drug Name                                                             | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------|-----------|-------------------------|
| <i>tretinoin topical cream</i>                                        | T1        |                         |
| <i>tretinoin topical gel</i>                                          | T1        |                         |
| TREXALL ORAL TABLET                                                   | T3        | MM                      |
| TREXIMET ORAL TABLET                                                  | EXC       | BP                      |
| TREZIX ORAL CAPSULE                                                   | T3        | PA; QL                  |
| <i>triamcinolone acetonide dental paste</i>                           | T1        |                         |
| <i>triamcinolone acetonide topical aerosol</i>                        | T1        |                         |
| <i>triamcinolone acetonide topical cream</i>                          | T1        |                         |
| <i>triamcinolone acetonide topical lotion</i>                         | T1        |                         |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | T1        |                         |
| <i>triamcinolone acetonide topical ointment 0.05 %</i>                | EXC       |                         |
| <i>triamterene oral capsule</i>                                       | T1        | MM                      |
| <i>triamterene-hydrochlorothiazid oral capsule</i>                    | T1        | MM                      |
| <i>triamterene-hydrochlorothiazid oral tablet</i>                     | T1        | MM                      |
| <i>triazolam oral tablet</i>                                          | T3        |                         |
| TRIBENZOR ORAL TABLET                                                 | EXC       | BP; MM                  |
| TRICARE ORAL TABLET                                                   | T2        | MM                      |
| <i>tricitrates oral solution</i>                                      | T1        |                         |
| <i>tricon oral capsule</i>                                            | EXC       |                         |

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| Drug Name                                       | Drug Tier | Requirements/ Limits |
|-------------------------------------------------|-----------|----------------------|
| TRICOR ORAL TABLET                              | T2        | BP; MM               |
| <i>triderm topical cream</i>                    | T1        |                      |
| <i>trientine oral capsule 250 mg</i>            | T1        | MM                   |
| TRIENTINE ORAL CAPSULE 500 MG                   | EXC       | PA; MM               |
| <i>tri-estarylla oral tablet</i>                | T1        | MM                   |
| <i>trifluoperazine oral tablet</i>              | T1        | MM                   |
| <i>trifluridine ophthalmic (eye) drops</i>      | T1        |                      |
| <i>trihexyphenidyl oral elixir</i>              | T1        | MM                   |
| <i>trihexyphenidyl oral tablet</i>              | T1        | MM                   |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR | T3        | PA; MM               |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL    | T2        | PA; SP; MM; QL       |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL               | T2        | PA; SP; MM; QL       |
| <i>tri-legest fe oral tablet</i>                | T1        | MM                   |
| TRILEPTAL ORAL SUSPENSION                       | T2        | BP; MM               |
| TRILEPTAL ORAL TABLET                           | T2        | BP; MM               |
| <i>tri-lynyah oral tablet</i>                   | T1        | MM                   |
| TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC)  | T3        | BP; MM               |

| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| <i>tri-lo-estarylla oral tablet</i>                        | T1        | MM                   |
| <i>tri-lo-marzia oral tablet</i>                           | T1        | MM                   |
| <i>tri-lo-mili oral tablet</i>                             | T1        | MM                   |
| <i>tri-lo-sprintec oral tablet</i>                         | T1        | MM                   |
| <i>trimethobenzamide oral capsule</i>                      | T3        |                      |
| <i>trimethoprim oral tablet</i>                            | T1        |                      |
| <i>tri-mili oral tablet</i>                                | T1        | MM                   |
| <i>trimipramine oral capsule</i>                           | T3        | MM                   |
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNO SAL RECON SOLN | T2        |                      |
| TRIMO-SAN JELLY VAGINAL GEL                                | T3        |                      |
| <i>trinatal rx 1 oral tablet</i>                           | T2        | MM                   |
| <i>trinate oral tablet</i>                                 | T2        | MM                   |
| TRINAZ ORAL TABLET                                         | EXC       | MM                   |
| TRINTELLIX ORAL TABLET                                     | T2        | MM                   |
| <i>tri-nymyo oral tablet</i>                               | T1        | MM                   |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION      | T2        | PA; SP; MM           |
| <i>tri-sprintec (28) oral tablet</i>                       | T1        | MM                   |
| TRISTART DHA ORAL CAPSULE                                  | T2        | MM                   |
| TRIUMEQ ORAL TABLET                                        | T2        | MM                   |

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| Drug Name                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------|-----------|-------------------------|
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION              | T2        | MM; QL                  |
| <i>tri-vitamin with fluoride oral drops</i>        | T1        | MM                      |
| <i>trivora (28) oral tablet</i>                    | T1        | MM                      |
| <i>tri-vylibra lo oral tablet</i>                  | T1        | MM                      |
| <i>tri-vylibra oral tablet</i>                     | T1        | MM                      |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR    | T3        | BP; MM                  |
| <i>tropicamide ophthalmic (eye) drops</i>          | T1        |                         |
| <i>tropium oral capsule, extended release 24hr</i> | T1        | MM                      |
| <i>tropium oral tablet</i>                         | T1        | MM                      |
| TRUDHESA NASAL SPRAY, NON-AEROSOL                  | T3        | PA; QL                  |
| TRUE METRIX AIR GLUCOSE METER                      | EXC       | MM; QL                  |
| TRUE METRIX GLUCOSE METER                          | EXC       | MM; QL                  |
| TRUE METRIX GLUCOSE TEST STRIP STRIP               | EXC       | PA; MM                  |
| TRUE METRIX GO GLUCOSE METER                       | EXC       | MM; QL                  |
| TRUERESULT BLOOD GLUCOSE SYSTM KIT                 | EXC       | MM; QL                  |

| Drug Name                                                  | Drug Tier | Requirements/<br>Limits                                       |
|------------------------------------------------------------|-----------|---------------------------------------------------------------|
| TRUETEST TEST STRIPS STRIP                                 | EXC       | PA; MM                                                        |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT                         | EXC       | MM; QL                                                        |
| TRUETRACK SMART SYSTEM KIT                                 | EXC       | MM; QL                                                        |
| TRUETRACK TEST STRIP                                       | EXC       | PA; MM                                                        |
| TRULANCE ORAL TABLET                                       | T3        | PA; MM; Preferred Alternatives (MOTTEGRITY, AMITIZA, LINZESS) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR                        | T2        | PA; MM; QL                                                    |
| TRUMENBA INTRAMUSCULAR SYRINGE                             | T2        |                                                               |
| TRUQAP ORAL TABLET                                         | T2        | PA; SP; MM; QL; LA                                            |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE                         | EXC       |                                                               |
| TRUVADA ORAL TABLET                                        | T2        | BP; MM                                                        |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED | EXC       | MM                                                            |
| TUKYSA ORAL TABLET                                         | T2        | PA; SP; MM; QL; LA                                            |
| <i>tulana oral tablet</i>                                  | T1        | MM                                                            |
| TURALIO ORAL CAPSULE 125 MG                                | T3        | PA; SP; MM; QL                                                |
| <i>turqoz (28) oral tablet</i>                             | T1        | MM                                                            |

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| Drug Name                                                                                                                 | Drug Tier | Requirements/<br>Limits   |
|---------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| TUXARIN ER<br>ORAL TABLET<br>EXTENDED<br>RELEASE 12 HR                                                                    | T3        |                           |
| TWINRIX (PF)<br>INTRAMUSCULAR SYRINGE                                                                                     | T2        |                           |
| TWIRLA<br>TRANSDERMAL<br>PATCH WEEKLY                                                                                     | T3        | MM                        |
| TWYNEO<br>TOPICAL CREAM                                                                                                   | EXC       |                           |
| TYBLUME ORAL<br>TABLET,CHEWABLE                                                                                           | T1        | MM                        |
| TYBOST ORAL<br>TABLET                                                                                                     | T3        | MM                        |
| <i>tydemy oral tablet</i>                                                                                                 | T1        | MM                        |
| TYKERB ORAL<br>TABLET                                                                                                     | T2        | PA; SP; BP;<br>MM; QL; LA |
| TYMLOS<br>SUBCUTANEOUS<br>PEN INJECTOR                                                                                    | T2        | PA; SP; MM;<br>QL; LA     |
| TYRVAYA NASAL<br>SPRAY,<br>METERED, NON-<br>AEROSOL                                                                       | T3        | PA; MM                    |
| TYVASO DPI<br>INHALATION<br>CARTRIDGE<br>WITH INHALER<br>16 MCG (112)- 32<br>MCG (84),<br>16(112)-32(112) -<br>48(28) MCG | T2        | PA; SP; QL                |
| TYVASO DPI<br>INHALATION<br>CARTRIDGE<br>WITH INHALER<br>16 MCG, 32 MCG,<br>48 MCG, 64 MCG                                | T2        | PA; SP; MM; QL            |
| TYVASO<br>INHALATION<br>SOLUTION FOR<br>NEBULIZATION                                                                      | T2        | PA; SP; MM                |

| Drug Name                                                           | Drug Tier | Requirements/<br>Limits                     |
|---------------------------------------------------------------------|-----------|---------------------------------------------|
| TYVASO REFILL<br>KIT INHALATION<br>SOLUTION FOR<br>NEBULIZATION     | T2        | PA; SP; MM                                  |
| TYVASO<br>STARTER KIT<br>INHALATION<br>SOLUTION FOR<br>NEBULIZATION | T2        | PA; SP                                      |
| UBRELVY ORAL<br>TABLET                                              | T2        | PA; QL                                      |
| UCERIS ORAL<br>TABLET,DELAYED<br>AND<br>EXT.RELEASE                 | T2        | PA; BP; QL                                  |
| UCERIS RECTAL<br>FOAM                                               | T2        | PA; BP; QL                                  |
| UDENYCA<br>AUTOINJECTOR<br>SUBCUTANEOUS<br>AUTO-<br>INJECTOR        | EXC       | SP; Preferred<br>Alternatives<br>(FULPHILA) |
| UDENYCA<br>SUBCUTANEOUS<br>SYRINGE                                  | EXC       | SP; Preferred<br>Alternatives<br>(FULPHILA) |
| ULESFIA<br>TOPICAL LOTION                                           | EXC       |                                             |
| ULORIC ORAL<br>TABLET                                               | T2        | BP; MM                                      |
| ULTIMA<br>MONITOR                                                   | EXC       | MM; QL                                      |
| ULTRATRAK<br>GLUCOSE<br>METER                                       | EXC       | MM; QL                                      |
| ULTRATRAK<br>STRIP                                                  | EXC       | PA; MM                                      |
| ULTRATRAK<br>ULTIMATE                                               | EXC       | MM; QL                                      |
| ULTRATRAK<br>ULTIMATE STRIP                                         | EXC       | PA; MM                                      |
| ULTRAVATE<br>TOPICAL LOTION                                         | T3        |                                             |
| UNISTRIP1 TEST<br>STRIP STRIP                                       | EXC       | PA; MM                                      |
| <i>unithroid oral<br/>tablet</i>                                    | T1        | MM                                          |

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| Drug Name                                         | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------|-----------|-------------------------|
| UPNEEQ (PF)<br>OPHTHALMIC<br>(EYE)<br>DROPPERETTE | T3        |                         |
| UPTRAVI ORAL<br>TABLET                            | T2        | PA; SP; MM              |
| UPTRAVI ORAL<br>TABLETS,DOSE<br>PACK              | T2        | PA; SP                  |
| URELLE ORAL<br>TABLET                             | T3        |                         |
| <i>uretron d-s oral<br/>tablet</i>                | T3        |                         |
| URIBEL ORAL<br>CAPSULE                            | EXC       |                         |
| URIBEL TABS<br>ORAL TABLET                        | EXC       | BP                      |
| URIMAR-T ORAL<br>CAPSULE                          | EXC       |                         |
| <i>urimar-t oral tablet</i>                       | EXC       |                         |
| URNEVA ORAL<br>CAPSULE                            | EXC       |                         |
| <i>uro-458 oral tablet</i>                        | T3        |                         |
| UROCIT-K 10<br>ORAL TABLET<br>EXTENDED<br>RELEASE | T2        | BP; MM                  |
| UROCIT-K 15<br>ORAL TABLET<br>EXTENDED<br>RELEASE | T2        | BP; MM                  |
| UROCIT-K 5<br>ORAL TABLET<br>EXTENDED<br>RELEASE  | T2        | BP; MM                  |
| <i>urogesic-blue oral<br/>tablet</i>              | T3        |                         |
| <i>uro-mp oral<br/>capsule</i>                    | EXC       |                         |
| UROQID-ACID<br>NO.2 ORAL<br>TABLET                | EXC       |                         |
| <i>uro-sp oral<br/>capsule</i>                    | EXC       |                         |

| Drug Name                                                                                             | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| UROXATRAL<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR                                                 | T3        | BP; MM                  |
| URSO 250 ORAL<br>TABLET                                                                               | T2        | BP; MM                  |
| URSO FORTE<br>ORAL TABLET                                                                             | T2        | BP; MM                  |
| <i>ursodiol oral<br/>capsule 200 mg,<br/>400 mg</i>                                                   | T3        | MM                      |
| <i>ursodiol oral<br/>capsule 300 mg</i>                                                               | T1        | MM                      |
| <i>ursodiol oral tablet</i>                                                                           | T1        | MM                      |
| <i>uryl oral tablet</i>                                                                               | T3        |                         |
| VAGIFEM<br>VAGINAL<br>TABLET                                                                          | T2        | BP; MM                  |
| <i>valacyclovir oral<br/>tablet</i>                                                                   | T1        | MM                      |
| VALCHLOR<br>TOPICAL GEL                                                                               | T3        | SP; MM                  |
| VALCYTE ORAL<br>RECON SOLN                                                                            | T2        | BP; MM                  |
| VALCYTE ORAL<br>TABLET                                                                                | T2        | BP; MM                  |
| <i>valganciclovir oral<br/>recon soln</i>                                                             | T1        | MM                      |
| <i>valganciclovir oral<br/>tablet</i>                                                                 | T1        | MM                      |
| VALIUM ORAL<br>TABLET                                                                                 | T2        | BP                      |
| <i>valproic acid (as<br/>sodium salt) oral<br/>solution 250 mg/5<br/>ml, 500 mg/10 ml<br/>(10 ml)</i> | T1        | MM                      |
| <i>valproic acid oral<br/>capsule</i>                                                                 | T1        | MM                      |
| VALSARTAN<br>ORAL SOLUTION                                                                            | EXC       | MM                      |
| <i>valsartan oral<br/>tablet</i>                                                                      | T1        | MM                      |

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| Drug Name                                        | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------|-----------|-------------------------|
| <i>valsartan-hydrochlorothiazide oral tablet</i> | T1        | MM                      |
| VALTOCO NASAL SPRAY, NON-AEROSOL                 | T2        | PA; QL                  |
| VALTREX ORAL TABLET                              | T2        | BP; MM                  |
| <i>vanadom oral tablet</i>                       | T1        |                         |
| VANCOCIN ORAL CAPSULE                            | T2        | BP                      |
| <i>vancomycin oral capsule</i>                   | T1        |                         |
| <i>vancomycin oral recon soln</i>                | T1        |                         |
| <i>vandazole vaginal gel</i>                     | T1        |                         |
| VANFLYTA ORAL TABLET                             | T2        | PA; SP; MM; QL; LA      |
| VANOS TOPICAL CREAM                              | T3        | BP                      |
| VANOXIDE-HC TOPICAL SUSPENSION                   | EXC       |                         |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION              | T2        |                         |
| VAQTA (PF) INTRAMUSCULAR SYRINGE                 | T2        |                         |
| <i>ildenafil oral tablet</i>                     | T2        | MM; QL                  |
| <i>ildenafil oral tablet, disintegrating</i>     | T3        | MM; QL                  |
| <i>varenicline oral tablet</i>                   | T1        |                         |
| <i>varenicline oral tablets, dose pack</i>       | T1        |                         |

| Drug Name                                               | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------|-----------|-------------------------|
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | T2        |                         |
| VARUBI ORAL TABLET                                      | T3        | PA; QL                  |
| VASCEPA ORAL CAPSULE                                    | T2        | BP; MM                  |
| VASERETIC ORAL TABLET                                   | T2        | BP; MM                  |
| VASOTEC ORAL TABLET                                     | T2        | BP; MM                  |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION     | T2        |                         |
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION                   | T2        |                         |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE                      | T2        |                         |
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE                  | T3        |                         |
| VCF CONTRACEPTIVE FILM VAGINAL FILM                     | T2        |                         |
| VCF CONTRACEPTIVE GEL VAGINAL GEL                       | T2        |                         |
| VECTICAL TOPICAL OINTMENT                               | T2        | BP                      |
| <i>velivet triphasic regimen (28) oral tablet</i>       | T1        | MM                      |

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| Drug Name                                              | Drug Tier | Requirements/ Limits                            |
|--------------------------------------------------------|-----------|-------------------------------------------------|
| VELPHORO ORAL TABLET,CHEWABLE                          | T3        | PA; MM                                          |
| VELSIPITY ORAL TABLET                                  | EXC       | SP; MM; LA                                      |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM    | T2        | PA; MM                                          |
| VELTASSA ORAL POWDER IN PACKET 8.4 GRAM                | T2        | PA; MM; QL                                      |
| VELTIN TOPICAL GEL                                     | EXC       | BP                                              |
| VEMLIDY ORAL TABLET                                    | T2        | ST; MM                                          |
| VENCLEXTA ORAL TABLET                                  | T2        | PA; SP; MM; LA                                  |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK         | T2        | PA; SP; LA                                      |
| VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR | EXC       | MM; Preferred Alternatives (venlafaxine hcl er) |
| <i>venlafaxine oral capsule,extended release 24hr</i>  | T1        | MM                                              |
| <i>venlafaxine oral tablet</i>                         | T1        | MM                                              |
| <i>venlafaxine oral tablet extended release 24hr</i>   | EXC       | MM; Preferred Alternatives (venlafaxine hcl er) |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION          | T3        | SP; MM                                          |

| Drug Name                                            | Drug Tier | Requirements/ Limits                                   |
|------------------------------------------------------|-----------|--------------------------------------------------------|
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER          | EXC       | MM; QL; Preferred Alternatives (albuterol sulfate hfa) |
| VEOZAH ORAL TABLET                                   | T2        | PA; MM; QL                                             |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>    | T1        | MM                                                     |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> | T1        | MM                                                     |
| <i>verapamil oral tablet</i>                         | T1        | MM                                                     |
| <i>verapamil oral tablet extended release</i>        | T1        | MM                                                     |
| VERDESO TOPICAL FOAM                                 | T3        |                                                        |
| VEREGEN TOPICAL OINTMENT                             | T3        |                                                        |
| VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT         | T2        | BP; MM                                                 |
| VERKAZIA OPHTHALMIC (EYE) DROPPERETTE                | T3        | PA; MM                                                 |
| VERQUVO ORAL TABLET                                  | T2        | MM; QL                                                 |
| VERSACLOZ ORAL SUSPENSION                            | T3        | MM                                                     |
| VERZENIO ORAL TABLET                                 | T2        | PA; SP; MM; QL; LA                                     |
| VESICARE LS ORAL SUSPENSION                          | T3        | MM                                                     |
| VESICARE ORAL TABLET                                 | T2        | BP; MM                                                 |
| <i>vestura (28) oral tablet</i>                      | T1        | MM                                                     |

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| Drug Name                                | Drug Tier | Requirements/ Limits |
|------------------------------------------|-----------|----------------------|
| VEVYE OPHTHALMIC (EYE) DROPS             | T3        | PA; MM               |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION | T2        | BP                   |
| VFEND ORAL TABLET                        | T2        | BP                   |
| V-GO 20 DEVICE                           | EXC       | MM                   |
| V-GO 30 DEVICE                           | EXC       | MM                   |
| V-GO 40 DEVICE                           | EXC       | MM                   |
| VIAGRA ORAL TABLET                       | T2        | BP; MM; QL           |
| VIBERZI ORAL TABLET                      | T3        | MM                   |
| VIBRAMYCIN ORAL CAPSULE 100 MG           | T2        | BP                   |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR  | T2        | PA; MM; QL           |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR  | T2        | PA; MM; QL           |
| <i>vienva oral tablet</i>                | T1        | MM                   |
| <i>vigabatrin oral powder in packet</i>  | T1        | SP; MM               |
| <i>vigabatrin oral tablet</i>            | T1        | SP; MM               |
| <i>vigadrone oral powder in packet</i>   | T1        | PA; SP; MM           |
| <i>vigadrone oral tablet</i>             | T3        | PA; SP; MM           |
| VIGAMOX OPHTHALMIC (EYE) DROPS           | T2        | BP                   |
| <i>vigpoder oral powder in packet</i>    | T1        | SP; MM               |
| VIIBRYD ORAL TABLET                      | T2        | BP; MM; QL           |
| VIJOICE ORAL TABLET                      | T2        | PA; SP; MM; QL; LA   |

| Drug Name                                   | Drug Tier | Requirements/ Limits |
|---------------------------------------------|-----------|----------------------|
| <i>vilazodone oral tablet</i>               | T1        | MM; QL               |
| VIMOVO ORAL TABLET,IR,DELA YED REL,BIPHASIC | EXC       | BP; MM               |
| VIMPAT ORAL SOLUTION                        | T2        | PA; BP; MM           |
| VIMPAT ORAL TABLET                          | T2        | BP; MM               |
| VIOKACE ORAL TABLET                         | T2        | PA; MM               |
| <i>viorele (28) oral tablet</i>             | T1        | MM                   |
| VIRACEPT ORAL TABLET                        | T2        | MM                   |
| VIREAD ORAL POWDER                          | T2        | MM                   |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG   | T2        | MM                   |
| VIREAD ORAL TABLET 300 MG                   | T2        | BP; MM               |
| VISTARIL ORAL CAPSULE 25 MG                 | T2        | BP                   |
| VISTOGARD ORAL GRANULES IN PACKET           | T2        | PA; SP; QL           |
| VITAFOL FE PLUS ORAL CAPSULE                | EXC       | MM                   |
| VITAFOL GUMMIES ORAL TABLET,CHEWA BLE       | T2        | MM                   |
| VITAFOL ULTRA ORAL CAPSULE                  | T2        | MM                   |
| VITAFOL-OB ORAL TABLET                      | T2        | MM                   |
| VITAFOL-OB+DHA ORAL COMBO PACK              | T2        | MM                   |
| VITAFOL-ONE ORAL CAPSULE                    | T2        | MM                   |

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| Drug Name                                              | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------|-----------|-------------------------|
| VITAMEDMD ONE RX ORAL CAPSULE                          | T2        | MM                      |
| VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE | T2        | BP; MM                  |
| <i>vitamin b complex-folic acid oral tablet</i>        | T1        | MM                      |
| <i>vitamin k injection solution</i>                    | T2        |                         |
| <i>vitamin k1 injection solution</i>                   | T2        |                         |
| <i>vitamins a,c,d and fluoride oral drops</i>          | T1        | MM                      |
| VITATRUE ORAL COMBO PACK                               | T2        | MM                      |
| VITRAKVI ORAL CAPSULE                                  | T2        | PA; SP; MM; QL; LA      |
| VITRAKVI ORAL SOLUTION                                 | T2        | PA; SP; MM; QL; LA      |
| VIVAGUARD INO GLUCOSE METER                            | EXC       | MM; QL                  |
| VIVAGUARD INO SMART GLUC METER                         | EXC       | MM; QL                  |
| VIVAGUARD INO TEST STRIP STRIP                         | EXC       | PA; MM                  |
| VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY               | T2        | BP; MM                  |
| VIVJOA ORAL CAPSULE                                    | T3        | PA; QL                  |
| VIVLODEX ORAL CAPSULE                                  | EXC       | BP; MM                  |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)            | T2        |                         |

| Drug Name                                              | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------|-----------|-------------------------|
| VIZIMPRO ORAL TABLET                                   | T3        | PA; SP; MM; QL; LA      |
| VOGELXO TRANSDERMAL GEL                                | T2        | BP; MM                  |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP           | T2        | MM                      |
| VOGELXO TRANSDERMAL GEL IN PACKET                      | T2        | MM                      |
| <i>volnea (28) oral tablet</i>                         | T1        | MM                      |
| VONJO ORAL CAPSULE                                     | T2        | PA; SP; QL; LA          |
| VOQUEZNA DUAL PAK ORAL COMBO PACK                      | T3        | PA; QL                  |
| VOQUEZNA ORAL TABLET                                   | T3        | PA; QL                  |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK                    | T3        | PA; QL                  |
| <i>voriconazole oral suspension for reconstitution</i> | T1        |                         |
| <i>voriconazole oral tablet</i>                        | T1        |                         |
| VORTEX HOLDING CHAMBER SPACER                          | T3        |                         |
| VOSEVI ORAL TABLET                                     | T2        | PA; SP; LA              |
| VOTRIENT ORAL TABLET                                   | T2        | PA; SP; BP; MM; QL; LA  |
| VOWST ORAL CAPSULE                                     | T2        | PA; SP; QL              |
| VOXZOGO SUBCUTANEOUS RECON SOLN                        | T2        | PA; SP; MM; QL          |
| VOYDEYA ORAL TABLET                                    | T3        | PA; SP; MM; QL          |

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| Drug Name                                      | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------|-----------|-------------------------|
| VRAYLAR ORAL CAPSULE                           | T2        | ST; MM                  |
| VTAMA TOPICAL CREAM                            | T2        | PA; QL                  |
| VUITY OPHTHALMIC (EYE) DROPS                   | EXC       | MM                      |
| VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC ) | T2        | PA; SP; MM; QL; LA      |
| VUSION TOPICAL OINTMENT                        | T3        |                         |
| <i>vyfemla (28) oral tablet</i>                | T1        | MM                      |
| VYLEESI SUBCUTANEOU S AUTO-INJECTOR            | T2        | SP; QL                  |
| <i>vylibra oral tablet</i>                     | T1        | MM                      |
| VYNDAMAX ORAL CAPSULE                          | T2        | PA; SP; MM; QL; LA      |
| VYNDAQEL ORAL CAPSULE                          | T2        | PA; SP; MM; QL; LA      |
| VYTORIN 10-10 ORAL TABLET                      | T2        | BP; MM                  |
| VYTORIN 10-20 ORAL TABLET                      | T2        | BP; MM                  |
| VYTORIN 10-40 ORAL TABLET                      | T2        | BP; MM                  |
| VYTORIN 10-80 ORAL TABLET                      | EXC       | BP; MM                  |
| VYVANSE ORAL CAPSULE                           | T2        | ST; BP; MM; QL          |
| VYVANSE ORAL TABLET,CHEWA BLE                  | T2        | ST; MM; QL              |
| VYZULTA OPHTHALMIC (EYE) DROPS                 | T2        | PA; MM                  |
| WAINUA SUBCUTANEOU S AUTO-INJECTOR             | T2        | PA; SP; MM; QL          |

| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------|-----------|-------------------------|
| WAKIX ORAL TABLET                                                            | T3        | PA; SP; MM; QL          |
| <i>warfarin oral tablet</i>                                                  | T1        | MM                      |
| <i>water for irrigation, sterile irrigation solution</i>                     | T2        |                         |
| WAVESENSE AMP KIT                                                            | EXC       | MM; QL                  |
| WAVESENSE JAZZ STRIP                                                         | EXC       | PA; MM                  |
| WAVESENSE PRESTO                                                             | EXC       | MM; QL                  |
| WAVESENSE PRESTO STRIP                                                       | EXC       | PA; MM                  |
| WEGOVY SUBCUTANEOU S PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML | T2        | PA; QL                  |
| WEGOVY SUBCUTANEOU S PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML             | T2        | PA; MM; QL              |
| WELCHOL ORAL POWDER IN PACKET                                                | T2        | BP; MM                  |
| WELCHOL ORAL TABLET                                                          | T2        | BP; MM                  |
| WELIREG ORAL TABLET                                                          | T2        | PA; SP; MM; QL          |
| WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR                            | T2        | BP; MM                  |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR                             | T2        | BP; MM                  |
| <i>wera (28) oral tablet</i>                                                 | T1        | MM                      |
| <i>wesnatal dha complete oral combo pack</i>                                 | EXC       | MM                      |

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| Drug Name                                                                  | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------|-----------|-------------------------|
| <i>wesnate dha oral capsule</i>                                            | EXC       | MM                      |
| <i>westab plus oral tablet</i>                                             | T2        | MM                      |
| <i>westgel dha oral capsule</i>                                            | T2        | MM                      |
| WIDE-SEAL DIAPHRAGM                                                        | T2        |                         |
| WILATE INTRAVENOUS RECON SOLN                                              | T2        | SP; LA                  |
| WINLEVI TOPICAL CREAM                                                      | T2        | PA                      |
| WINREVAIR SUBCUTANEOUS KIT                                                 | T3        | PA; SP; MM; QL          |
| <i>wintergreen oil oil</i>                                                 | EXC       |                         |
| <i>wixela inhub inhalation blister with device</i>                         | T1        | MM                      |
| <i>women's gentle laxative(bisac) oral tablet, delayed release (drlec)</i> | T1        |                         |
| <i>wymzya fe oral tablet, chewable</i>                                     | T1        | MM                      |
| WYNZORA TOPICAL CREAM                                                      | EXC       |                         |
| XACIATO VAGINAL GEL                                                        | T3        |                         |
| XADAGO ORAL TABLET                                                         | T3        | ST; MM; QL              |
| XALATAN OPHTHALMIC (EYE) DROPS                                             | T2        | BP; MM                  |
| XALKORI ORAL CAPSULE                                                       | T2        | PA; SP; MM; QL; LA      |
| XALKORI ORAL PELLET                                                        | T3        | PA; SP; MM; QL; LA      |
| XANAX ORAL TABLET                                                          | T2        | BP                      |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR                                | T3        | BP                      |

| Drug Name                                                                                          | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------|-----------|-------------------------|
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK                                             | T2        |                         |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION                                                         | T2        | MM                      |
| XARELTO ORAL TABLET                                                                                | T2        | MM                      |
| XATMEP ORAL SOLUTION                                                                               | T2        | PA; MM                  |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | T2        | PA; MM; QL              |
| XCOPRI ORAL TABLET                                                                                 | T2        | PA; MM; QL              |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK                                                      | T2        | PA; QL                  |
| XDEMYV OPHTHALMIC (EYE) DROPS                                                                      | T3        | PA; SP; QL              |
| XELJANZ ORAL SOLUTION                                                                              | T2        | PA; SP; MM; QL; LA      |
| XELJANZ ORAL TABLET                                                                                | T2        | PA; SP; MM; QL; LA      |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR                                                      | T2        | PA; SP; MM; QL; LA      |
| XELODA ORAL TABLET                                                                                 | T2        | SP; BP; LA              |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION                                                           | T3        | MM                      |

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| Drug Name                                              | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------|-----------|-------------------------|
| XELSTRYM<br>TRANSDERMAL<br>PATCH 24 HOUR               | T3        | MM; QL                  |
| XEMBIFY<br>SUBCUTANEOU<br>S SOLUTION                   | T3        | PA; SP; MM              |
| XENAZINE ORAL<br>TABLET                                | T2        | SP; BP; MM              |
| XENICAL ORAL<br>CAPSULE                                | EXC       | MM                      |
| XENLETA ORAL<br>TABLET                                 | T3        | QL                      |
| XEPI TOPICAL<br>CREAM                                  | T3        | QL                      |
| XERESE<br>TOPICAL CREAM                                | T3        |                         |
| XERMELO ORAL<br>TABLET                                 | T2        | PA; SP; QL; LA          |
| XHANCE NASAL<br>AEROSOL<br>BREATH<br>ACTIVATED         | T2        | PA; MM; QL              |
| XIFAXAN ORAL<br>TABLET 200 MG                          | T2        | PA; QL                  |
| XIFAXAN ORAL<br>TABLET 550 MG                          | T2        | PA; MM; QL              |
| XIGDUO XR<br>ORAL TABLET,<br>IR - ER,<br>BIPHASIC 24HR | T2        | PA; MM                  |
| XIIDRA<br>OPHTHALMIC<br>(EYE)<br>DROPPERETTE           | T2        | ST; MM                  |
| XIMINO ORAL<br>CAPSULE,EXTEN<br>DED RELEASE<br>24HR    | EXC       |                         |
| XOFLUZA ORAL<br>TABLET 40 MG,<br>80 MG                 | T3        |                         |
| XOLAIR<br>SUBCUTANEOU<br>S AUTO-<br>INJECTOR           | T3        | PA; SP; MM; QL          |

| Drug Name                                                                                                                                                                                                                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| XOLAIR<br>SUBCUTANEOU<br>S SYRINGE 150<br>MG/ML, 75<br>MG/0.5 ML                                                                                                                                                                                           | T2        | PA; SP; MM; QL          |
| XOLAIR<br>SUBCUTANEOU<br>S SYRINGE 300<br>MG/2 ML                                                                                                                                                                                                          | T3        | PA; SP; MM; QL          |
| XOLEGEL<br>TOPICAL GEL                                                                                                                                                                                                                                     | T3        |                         |
| XOLREMDI ORAL<br>CAPSULE                                                                                                                                                                                                                                   | T3        | PA; SP; MM; QL          |
| XOPENEX HFA<br>INHALATION HFA<br>AEROSOL<br>INHALER                                                                                                                                                                                                        | T2        | ST; MM; QL              |
| XOSPATA ORAL<br>TABLET                                                                                                                                                                                                                                     | T2        | PA; SP; MM;<br>QL; LA   |
| XPHOZAH ORAL<br>TABLET                                                                                                                                                                                                                                     | T3        | PA; MM; QL              |
| XPOVIO ORAL<br>TABLET 100<br>MG/WEEK (50<br>MG X 2), 40<br>MG/WEEK (40<br>MG X 1), 40MG<br>TWICE WEEK (40<br>MG X 2), 60<br>MG/WEEK (60<br>MG X 1), 60MG<br>TWICE WEEK<br>(120 MG/WEEK),<br>80 MG/WEEK (40<br>MG X 2), 80MG<br>TWICE WEEK<br>(160 MG/WEEK) | T2        | PA; SP; MM; LA          |
| XTAMPZA ER<br>ORAL<br>CAP,SPRINKL,ER<br>12HR(DONT<br>CRUSH)                                                                                                                                                                                                | T2        | PA; QL                  |
| XTANDI ORAL<br>CAPSULE                                                                                                                                                                                                                                     | T2        | PA; SP; MM;<br>QL; LA   |
| XTANDI ORAL<br>TABLET                                                                                                                                                                                                                                      | T2        | PA; SP; MM;<br>QL; LA   |

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| Drug Name                                                  | Drug Tier | Requirements/ Limits  |
|------------------------------------------------------------|-----------|-----------------------|
| <i>xulane</i><br><i>transdermal patch</i><br><i>weekly</i> | T1        | MM                    |
| XULTOPHY<br>100/3.6<br>SUBCUTANEOU<br>S INSULIN PEN        | T2        | PA; MM                |
| XURIDEN ORAL<br>GRANULES IN<br>PACKET                      | T3        | PA; SP; MM            |
| XYNTHA<br>INTRAVENOUS<br>SOLUTION                          | T2        | SP; MM; LA            |
| XYNTHA<br>SOLOFUSE<br>INTRAVENOUS<br>SYRINGE               | T2        | SP; MM; LA            |
| XYOSTED<br>SUBCUTANEOU<br>S AUTO-<br>INJECTOR              | T3        | PA; MM                |
| XYREM ORAL<br>SOLUTION                                     | T2        | PA; SP; MM            |
| XYWAV ORAL<br>SOLUTION                                     | T3        | PA; SP; MM            |
| YASMIN (28)<br>ORAL TABLET                                 | T2        | BP; MM                |
| YAZ (28) ORAL<br>TABLET                                    | T2        | BP; MM                |
| YONSA ORAL<br>TABLET                                       | T3        | PA; SP; MM;<br>QL; LA |
| YOSPRALA<br>ORAL<br>TABLET,IR,DELA<br>YED<br>REL,BIPHASIC  | EXC       | MM                    |

| Drug Name                                                                  | Drug Tier | Requirements/ Limits                                                                                                                                                                               |
|----------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YUFLYMA(CF) AI<br>CROHN'S-UC-HS<br>SUBCUTANEOU<br>S AUTO-<br>INJECTOR, KIT | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| YUFLYMA(CF)<br>AUTOINJECTOR<br>SUBCUTANEOU<br>S AUTO-<br>INJECTOR, KIT     | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| YUFLYMA(CF)<br>SUBCUTANEOU<br>S SYRINGE KIT                                | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| YUPELRI<br>INHALATION<br>SOLUTION FOR<br>NEBULIZATION                      | T2        | PA; MM; QL                                                                                                                                                                                         |

| Drug Name                                                       | Drug Tier | Requirements/<br>Limits                                                                                                                                                                            |
|-----------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YUSIMRY(CF)<br>PEN<br>SUBCUTANEOU<br>S PEN INJECTOR             | EXC       | SP; MM; LA;<br>Preferred<br>Alternatives<br>(HUMIRA,<br>ADALIMUMAB-<br>ADAZ(CF) PEN,<br>ADALIMUMAB-<br>ADAZ(CF),<br>HADLIMA,<br>HADLIMA<br>PUSHTOUCH,<br>HADLIMA(CF),<br>HADLIMA(CF)<br>PUSHTOUCH) |
| <i>yuvaferm vaginal<br/>tablet</i>                              | T1        | MM                                                                                                                                                                                                 |
| <i>zafemy<br/>transdermal patch<br/>weekly</i>                  | T1        | MM                                                                                                                                                                                                 |
| <i>zafirlukast oral<br/>tablet</i>                              | T3        | MM                                                                                                                                                                                                 |
| <i>zaleplon oral<br/>capsule</i>                                | T1        |                                                                                                                                                                                                    |
| ZANAFLEX ORAL<br>CAPSULE                                        | T2        | BP; MM                                                                                                                                                                                             |
| ZANAFLEX ORAL<br>TABLET                                         | T2        | BP; MM                                                                                                                                                                                             |
| <i>zarah oral tablet</i>                                        | T1        | MM                                                                                                                                                                                                 |
| ZARONTIN ORAL<br>CAPSULE                                        | T2        | BP; MM                                                                                                                                                                                             |
| ZARONTIN ORAL<br>SOLUTION                                       | T2        | BP; MM                                                                                                                                                                                             |
| ZARXIO<br>INJECTION<br>SYRINGE                                  | T2        | PA; SP                                                                                                                                                                                             |
| ZAVZPRET<br>NASAL<br>SPRAY, NON-<br>AEROSOL                     | T3        | PA; QL                                                                                                                                                                                             |
| ZCORT ORAL<br>TABLETS, DOSE<br>PACK                             | EXC       |                                                                                                                                                                                                    |
| ZEGALOGUE<br>AUTOINJECTOR<br>SUBCUTANEOU<br>S AUTO-<br>INJECTOR | T3        |                                                                                                                                                                                                    |

| Drug Name                                             | Drug Tier | Requirements/<br>Limits                                       |
|-------------------------------------------------------|-----------|---------------------------------------------------------------|
| ZEGALOGUE<br>SYRINGE<br>SUBCUTANEOU<br>S SYRINGE      | T3        |                                                               |
| ZEGERID ORAL<br>CAPSULE 40-1.1<br>MG-GRAM             | EXC       | BP; MM                                                        |
| ZEGERID ORAL<br>PACKET                                | EXC       | BP; MM                                                        |
| ZEJULA ORAL<br>TABLET                                 | T2        | PA; SP; MM;<br>QL; LA                                         |
| ZELAPAR ORAL<br>TABLET, DISINTE<br>GRATING            | T3        | PA; MM; QL                                                    |
| ZELBORAF ORAL<br>TABLET                               | T2        | PA; SP; MM;<br>QL; LA                                         |
| ZELNORM ORAL<br>TABLET                                | T3        | PA; QL;<br>Preferred<br>Alternatives<br>(LINZESS,<br>AMITIZA) |
| ZEMBRACE<br>SYMTOUCH<br>SUBCUTANEOU<br>S PEN INJECTOR | T3        | QL                                                            |
| ZEMPLAR ORAL<br>CAPSULE 1<br>MCG, 2 MCG               | T2        | BP; MM                                                        |
| <i>zenatane oral<br/>capsule</i>                      | T1        |                                                               |

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| Drug Name                                                                                                                                                                                                                                                                    | Drug Tier | Requirements/<br>Limits                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|
| ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC ) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT | T3        | PA; MM; Preferred Alternatives (CREON) |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>                                                                                                                                                                                                                                       | T2        | MM                                     |
| ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG                                                                                                                                                                                                                                      | T2        | BP; MM                                 |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG                                                                                                                                                                                                                                           | T2        | MM                                     |
| ZEPATIER ORAL TABLET                                                                                                                                                                                                                                                         | T2        | PA; SP; LA                             |
| ZEPBOUND SUBCUTANEOU S PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML                                                                                                                                                                   | T2        | PA; MM; QL                             |
| ZEPBOUND SUBCUTANEOU S PEN INJECTOR 2.5 MG/0.5 ML                                                                                                                                                                                                                            | T2        | PA; QL                                 |
| ZEPOSIA ORAL CAPSULE                                                                                                                                                                                                                                                         | T2        | PA; SP; MM; QL; LA                     |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK                                                                                                                                                                                                                          | T2        | PA; SP; QL; LA                         |

| Drug Name                                           | Drug Tier | Requirements/<br>Limits               |
|-----------------------------------------------------|-----------|---------------------------------------|
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK | T2        | PA; SP; QL; LA                        |
| ZERVIAE OPHTHALMIC (EYE) DROPPERETTE                | T3        |                                       |
| ZESTORETIC ORAL TABLET                              | T2        | BP; MM                                |
| ZESTRIL ORAL TABLET                                 | T2        | BP; MM                                |
| ZETIA ORAL TABLET                                   | T2        | BP; MM                                |
| ZETONNA NASAL HFA AEROSOL INHALER                   | T3        | MM                                    |
| ZIAGEN ORAL SOLUTION                                | T2        | BP; MM                                |
| ZIANA TOPICAL GEL                                   | EXC       | BP                                    |
| <i>zidovudine oral capsule</i>                      | T1        | MM                                    |
| <i>zidovudine oral syrup</i>                        | T1        | MM                                    |
| <i>zidovudine oral tablet</i>                       | T1        | MM                                    |
| ZIEXTENZO SUBCUTANEOU S SYRINGE                     | EXC       | SP; Preferred Alternatives (FULPHILA) |
| ZILBRYSQ SUBCUTANEOU S SYRINGE                      | T3        | PA; SP; MM; QL                        |
| <i>zileuton oral tablet, er multiphase 12 hr</i>    | T2        | PA; MM                                |
| ZILXI TOPICAL FOAM                                  | T3        | PA                                    |
| ZIMHI INJECTION SYRINGE                             | T3        |                                       |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE           | T3        | BP; MM                                |

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| Drug Name                                         | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------|-----------|-------------------------|
| <i>ziprasidone hcl oral capsule</i>               | T1        | MM                      |
| ZIPSOR ORAL CAPSULE                               | T3        | BP                      |
| ZIRGAN OPHTHALMIC (EYE) GEL                       | T2        |                         |
| ZITHROMAX ORAL PACKET                             | T2        | BP                      |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION      | T2        | BP                      |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG              | T2        | BP                      |
| ZITHROMAX TRI-PAK ORAL TABLET                     | T2        | BP                      |
| ZITHROMAX Z-PAK ORAL TABLET                       | T2        | BP                      |
| ZITUVIO ORAL TABLET                               | T3        | PA; MM                  |
| ZMA CLEAR TOPICAL SUSPENSION                      | EXC       |                         |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG             | T2        | BP; MM; QL              |
| ZOKINVY ORAL CAPSULE                              | T3        | SP; MM                  |
| ZOLINZA ORAL CAPSULE                              | T2        | PA; SP; QL; LA          |
| <i>zolmitriptan nasal spray, non-aerosol 5 mg</i> | T1        | QL                      |
| <i>zolmitriptan oral tablet</i>                   | T1        | QL                      |
| <i>zolmitriptan oral tablet, disintegrating</i>   | T1        | QL                      |
| ZOLOFT ORAL CONCENTRATE                           | T2        | BP; MM                  |

| Drug Name                                           | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------|-----------|-------------------------|
| ZOLOFT ORAL TABLET                                  | T2        | BP; MM                  |
| ZOLPIDEM ORAL CAPSULE                               | EXC       |                         |
| <i>zolpidem oral tablet</i>                         | T1        |                         |
| <i>zolpidem oral tablet, ext release multiphase</i> | T1        |                         |
| <i>zolpidem sublingual tablet</i>                   | EXC       |                         |
| ZOMACTON SUBCUTANEOUS RECON SOLN                    | T2        | PA; SP; MM; LA          |
| ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG                 | T2        | BP; QL                  |
| ZOMIG ORAL TABLET                                   | T2        | BP; QL                  |
| ZONALON TOPICAL CREAM                               | T2        | BP                      |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG                 | T2        | BP; MM                  |
| ZONISADE ORAL SUSPENSION                            | T2        | PA; MM; QL              |
| <i>zonisamide oral capsule</i>                      | T1        | MM                      |
| ZONTIVITY ORAL TABLET                               | T3        | MM                      |
| ZORTRESS ORAL TABLET                                | T2        | PA; BP; MM; LA          |
| ZORVOLEX ORAL CAPSULE                               | EXC       | MM                      |
| ZORYVE TOPICAL CREAM                                | T3        | PA; QL                  |
| ZORYVE TOPICAL FOAM                                 | T3        | PA; QL                  |
| <i>zovia 1-35 (28) oral tablet</i>                  | T1        | MM                      |
| ZOVIRAX TOPICAL CREAM                               | EXC       | BP                      |
| ZOVIRAX TOPICAL OINTMENT                            | T2        | BP                      |

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| Drug Name                                                      | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------|-----------|-------------------------|
| ZTALMY ORAL<br>SUSPENSION                                      | T2        | PA; SP; MM; QL          |
| ZTLIDO TOPICAL<br>ADHESIVE<br>PATCH,MEDICAT<br>ED              | EXC       |                         |
| ZUBSOLV<br>SUBLINGUAL<br>TABLET                                | T3        | MM                      |
| <i>zumandimine (28)<br/>oral tablet</i>                        | T1        | MM                      |
| ZURZUVAE<br>ORAL CAPSULE                                       | T2        | PA; SP; QL              |
| ZYCLARA<br>TOPICAL CREAM<br>IN METERED-<br>DOSE PUMP 2.5<br>%  | T2        |                         |
| ZYCLARA<br>TOPICAL CREAM<br>IN METERED-<br>DOSE PUMP 3.75<br>% | EXC       | BP                      |
| ZYCLARA<br>TOPICAL CREAM<br>IN PACKET                          | EXC       | BP                      |
| ZYDELIG ORAL<br>TABLET                                         | T2        | PA; SP; MM;<br>QL; LA   |
| ZYFLO ORAL<br>TABLET                                           | T3        | PA; MM                  |
| ZYKADIA ORAL<br>TABLET                                         | T2        | PA; SP; MM;<br>QL; LA   |
| ZYLET<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPEN<br>SION           | T3        |                         |
| ZYLOPRIM ORAL<br>TABLET 100 MG                                 | T2        | BP; MM                  |
| ZYMFENTRA<br>SUBCUTANEOU<br>S PEN INJECTOR<br>KIT              | EXC       | SP; MM                  |
| ZYMFENTRA<br>SUBCUTANEOU<br>S SYRINGE KIT                      | EXC       | SP; MM                  |

| Drug Name                                             | Drug Tier | Requirements/<br>Limits   |
|-------------------------------------------------------|-----------|---------------------------|
| ZYPITAMAG<br>ORAL TABLET                              | T3        | MM                        |
| ZYPREXA ORAL<br>TABLET                                | T2        | BP; MM                    |
| ZYPREXA ZYDIS<br>ORAL<br>TABLET,DISINTE<br>GRATING    | T2        | BP; MM                    |
| ZYTIGA ORAL<br>TABLET 250 MG                          | EXC       | PA; SP; BP;<br>MM; QL; LA |
| ZYTIGA ORAL<br>TABLET 500 MG                          | EXC       | SP; BP; MM;<br>QL; LA     |
| ZYVOX ORAL<br>SUSPENSION<br>FOR<br>RECONSTITUTIO<br>N | T2        | BP                        |
| ZYVOX ORAL<br>TABLET                                  | T2        | BP                        |

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